



## Message Consent Form

We make every attempt to get information and results to you quickly. If you have not heard from us, please call us.

Please read the following carefully and **initial** what types of contact you agree to:

- It is okay to leave a detailed message at my home Yes\_\_\_ No\_\_\_
- It is okay to leave a detailed message on my cell phone Yes\_\_\_ No\_\_\_
- It is okay to call me at work with results and messages Yes\_\_\_ No\_\_\_
- It is okay to leave a detailed message with the following people Yes\_\_\_ No\_\_\_

List name(s) and relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I prefer you call me at this number:

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Are there other healthcare providers that you would like information shared with?

No  Yes, name(s) and location \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

