



Due to the overwhelming amount of calls received by our patients daily, we need to know the best way to contact you. (All ABNORMAL results - patient will be left a message or instructed to make an appointment with their doctor)

Patient Name: \_\_\_\_\_ agree that Lake Mary Family Physicians may contact me or the following individuals that I have designated in the following alternative manners for the following reasons.

Personal Email Address: \_\_\_\_\_

Appointments

Leave a message / voice mail \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email

Results (Only NORMAL results)

Results may be given to the following \_\_\_\_\_ patient ONLY \_\_\_\_\_ patient and/or designated person(s)

Leave a message / voice mail at contact number provided \_\_\_\_\_ and/or \_\_\_\_\_ Email

Written Orders ~ Laboratory, Radiology, etc...

Orders may be given to the following \_\_\_\_\_ patient ONLY \_\_\_\_\_ patient and/or designated person(s)

Leave a message / voice mail at contact number provided \_\_\_\_\_ and/or \_\_\_\_\_ Email

Medicine Prescriptions

Scripts may be given to the following \_\_\_\_\_ patient ONLY \_\_\_\_\_ patient and/or designated person(s)

Designated Person(s)

Print name and relationship

Print name and relationship

Print name and relationship

Patient or Guardian Signature