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Release of Patient Information

I consent and authorize the release of any normal test results to the following persons:

- Myself
- Voice Mail
- My spouse: _____
- My child(ren): _____
- My parents(s): _____
- Other _____

I consent and authorize the release of any abnormal test results to the following persons:

- Myself
- My spouse: _____
- My child(ren): _____
- My parents(s): _____
- Other _____

Printed Name: _____

Date of Birth: ____/____/____

Social Security Number: _____ - _____ - _____

Signature: _____

Date: ____/____/____