



Authorization to leave detailed voice mail (answering machine or through Patient Portal)
regarding lab results on answering machine.

Child _____ DOB: _____

Child _____ DOB: _____

Child _____ DOB: _____

Child _____ DOB: _____

Child _____ DOB: _____

Child _____ DOB: _____

Child _____ DOB: _____

Patient/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____