

Authorization to Schedule Testing/Discuss Test Results

Patient Name: _____ DOB: _____

I authorize Tucson Gastroenterology Specialists, PC to talk to the following people regarding scheduling of my testing or my test results if I am unavailable: **(please check all that apply)**

- No one other than myself

- Name of Person Other Than Myself _____

- It is okay to leave a detailed voicemail on my personal/home phone.

I understand that this statement will remain in effect until I notify the office in writing on a form provided by this office of any changes.

Patient Signature Date

Emergency Contact Information

Name: _____ Relationship: _____

Contact Phone Number(s): _____