



## Consent Form

The purpose of this form is to give the Doctor or Nurse your permission to speak with a family member, friend, husband, wife, etc, if you are not available to discuss your medical information (labs, test results, or prescriptions) with us.

Date \_\_\_\_\_

I, \_\_\_\_\_  
(Please print your name)

Give my consent for Doctor \_\_\_\_\_  
(Doctors Name)

◇ to speak with only me

◇ to speak with \_\_\_\_\_  
(Family member, friend, husband, wife)

Concerning \_\_\_\_\_

Signed \_\_\_\_\_  
(Signature)

Social Security Number \_\_\_\_\_

Witness \_\_\_\_\_