

BOCA RATON OB-GYN SPECIALISTS, LLC
Gynecology & Obstetrics

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SUITE 215A
BOCA RATON, FL 33486
561-392-7704
FAX 392-8103

Date: _____

I, _____, authorize the staff and/or
Patient's Name (Please Print)

Doctors Mark B. McCormick, M.D., Bradley S. Douglas, M.D., Alexandra C. Lieberman, D.O., Alexandria M. Angelides, M.D. and Patricia M. Deitz, M.D. to notify me of any laboratory or diagnostic result.

Please check one or more of the following options:

(_____) _____ (_____) _____
Patient's Preferred Phone Number Alternate Phone Number

- Leave a message at my phone number designated above if I am not available.
- Leave a message with anyone answering my phone.
- Name of other person(s) authorized to accept results for me:

Relationship: _____

- Other: _____
- Speak with me **only**.
- Do not call me with any results.** I will call the office if I want test results.

Patient Signature: _____