

Memphis Internal Medicine, P.L.L.C.

Results Notification Release

Patient: _____

When notifying me of lab or test results or matters relating to prescriptions, my physician or a representative of Memphis Internal Medicine, P.L.L.C., may:

Home Phone Number: _____

Leave results/messages on my home answering machine.	_____ Yes	_____ No	N/A
Leave results/messages with my spouse.	_____ Yes	_____ No	N/A
Leave results/messages with a family member.	_____ Yes	_____ No	N/A
<i>Please specify name(s) of family member(s)</i> _____			
Discuss test results/messages with a family member.	_____ Yes	_____ No	N/A
<i>Please specify name(s) of family member(s)</i> _____			

Work Phone Number: _____ ext. _____

Call you at work.	_____ Yes	_____ No	N/A
Leave a message on your work voice mail.	_____ Yes	_____ No	N/A

Are there any other ways to reach you that we should know about?

Cell Phone? _____

Pager? _____

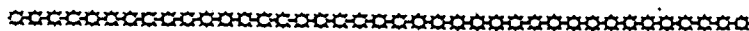
Fax? _____

Pharmacy number you would like any Rx's called in to _____

Are there any special instructions we should know about? _____

Signature of Patient

Date



I authorize Memphis Internal Medicine, P.L.L.C., to fax/send lab/test results to any physician to whom I am referred for consultation. Only results that would be pertinent to my consultation are to be sent.

Signature of Patient

Date