



Femina Women's Center

AUTHORIZATION TO LEAVE PHONE MESSAGES

Acct# : _____ DOB: _____

PATIENT NAME:

I, _____ do hereby authorize Femina Women's
(PRINT name)

Center, P.A. to leave messages at the phone number/numbers listed below in regards to my appointment times. I understand that from time to time Femina Women's Center, P.A. staff members may call me to alert me when the doctor has been called away to deliver a baby or to otherwise reschedule my appointment. I understand that it is my responsibility to provide Femina Women's Center, P.A. with my correct phone number and an alternate number at all times. This will also allow Femina Women's Center, P.A. physicians the ability to contact me immediately with test results should they be abnormal.

You may contact me at the following phone numbers:

Best # to reach me: () _____

OR

Alternate Number: () _____

Signed, this the _____ day of _____, 2 _____

Signed: _____

Witness: _____ Date: _____

UPDATED NUMBERS: _____ **DATE:** _____

_____ **DATE:** _____