

**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): \_\_\_\_\_