

LANSING INSTITUTE *of* Urology, P.C.

IF I AM NOT AVAILABLE, MY PERMISSION IS GRANTED TO LANSING INSTITUTE OF UROLOGY, PC TO LEAVE LAB TEST RESULTS, X-RAY RESULTS, OR OFFICE CONSULTATIONS IN THE FOLLOWING MANNER:

ANSWERING MACHINE @ NUMBER: _____ YES NO

(If you mark 'NO' results will be sent out by mail)

CELL NUMBER: _____ YES NO

WORK NUMBER: _____ YES NO

PLEASE PRINT

Spouse Name: _____ YES NO
 First Last

Family Member Name _____ YES NO

Family Member Name _____

Family Member Name _____ YES NO

Family Member Name _____ YES NO

Family Member Name _____ YES NO

YES NO

X _____
 PATIENT NAME (PLEASE PRINT)

X _____
 PATIENT SIGNATURE DATE