



## Voice Message Authorization

Patient Name: \_\_\_\_\_

I hereby **AUTHORIZE** Young Kids Pediatrics to leave notifications by voice message regarding my care and/or test results at the following phone numbers:

- **1st CHOICE:** ( ) Patient ( ) Parents ( ) Mother ( ) Father ( ) Other: \_\_\_\_\_  
( ) Home ( ) Work ( ) Cell

Phone Number: \_\_\_\_\_

- **2nd CHOICE:** ( ) Patient ( ) Parents ( ) Mother ( ) Father ( ) Other: \_\_\_\_\_  
( ) Home ( ) Work ( ) Cell

Phone Number: \_\_\_\_\_

I **DO NOT AUTHORIZE** Young Kids Pediatrics to leave voice messages regarding my care and/or test results at any of my numbers.

I have read and understand this agreement and have made the necessary documentation above. I understand that I may revoke or make changes where necessary to this agreement at any time.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_