

Lake Jackson Family Practice
135 Oyster Creek Dr. Ste. W
Lake Jackson, TX 77566

I give my permission for the staff of Lake Jackson Family Practice to leave messages concerning laboratory work, biopsy, medications, or any other medical information related to my condition with the following:

CHECK ALL THAT APPLY

_____	Home Answering Machine Telephone Number: _____
_____	Work Answering Machine Telephone Number: _____
_____	Spouse Telephone Number: _____
_____	Family Member (children, parents, brother, sister) Telephone Number: _____
_____	Secretary Telephone Number: _____
_____	Other: _____ Telephone Number : _____

OR

_____	I do not give permission to the staff of Lake Jackson Family Practice to release any medical information related to my condition, unless it is to me directly. I can be reached at the following telephone numbers: _____ _____
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PATIENT NAME(PRINT): _____ DOB: _____

PATIENT OR GUARDIAN SIGNATURE: _____ DATE: _____