



OB/GYN Associates of Sewickley
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It is increasingly difficult to reach our patients with test results. Please consider giving us your permission to leave these reports with another family member or on your answering machine or voicemail.

Please check *all* that apply:

May we call you at work?

_____ Yes (phone number) _____ ext. _____

_____ NO

_____ I give my permission for my medical information to be left on an answering machine.

_____ I give my permission for my medical information to be given/discussed with:

- _____ No one other than myself
- _____ Spouse _____
- _____ Mother _____
- _____ Father _____
- _____ Children _____
- _____ Caregiver _____
- _____ Other _____

I have read and understand the above statements. I acknowledge that this will be considered valid unless revoked by me in writing.

Patient / Guardian Signature

Date