



The Women's Wellness Center

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Name: _____ **Date:** _____

I hereby authorize the staff at The Women's Wellness Center and/or Drs. Harris, Chen or Pezzullo-Burgs to notify me of any laboratory or diagnostic result using by calling the following telephone numbers:

Call me at the following telephone number first: () - _____

This is a: Home Phone Cellular Phone Work telephone

Ok to leave voicemail?: Yes No

** only check "Yes" if you will be the only one checking this voicemail*

If I cannot be reached at the above number, call: () - _____

This is a: Home Phone Cellular Phone Work telephone

Ok to leave voicemail?: Yes No

** only check "Yes" if you will be the only one checking this voicemail*

Notify me by e-mail that I have results available (results will not be provided by e-mail). This option will only be used if I cannot be reached by telephone.

My e-mail address: _____

Person authorized to accept results for me: _____

** Results related to sexually transmitted diseases, pregnancy, or psychiatric disorders will only be given to this person by special permission*

Signature