

Atlantic Dermatology Information Release  
Laboratory-Pathology Results & Appointment Confirmation

I, \_\_\_\_\_, give Atlantic Dermatology, authorization to release my laboratory results, pathology results and appointment confirmation as indicated below. **CONTACT INFORMATION IS THE SAME FOR APPOINTMENTS AND LAB RESULTS: YES/NO:** \_\_\_\_\_

\_\_\_\_\_

Best number to call: \_\_\_\_\_ Second best: \_\_\_\_\_

Please indicate with a check other methods to report results and appointments:

\_\_\_\_\_ Spouse: Name and Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other- significant other, caregiver, relative, co-worker, other:  
Name(s)/Number(s)/Relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Leave message on answering machine at home/work:

\_\_\_\_\_

\_\_\_\_\_ Leave message on voice mail cell/work:

\_\_\_\_\_

If you are unable to make decisions regarding your skin medical care, who do you appoint to act on your behalf (surrogate decision maker)?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

I do not wish to appoint a surrogate decision maker. \_\_\_\_\_ (Initial)

\_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Page: \_\_\_\_\_