



Marietta OB-Gyn Associates, P.A.

MEDICAL INFORMATION RELEASE

Patients Name _____ Date of Birth _____
Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Name: _____ Contact Relationship _____
Cell Phone _____ Home Phone _____ Work Phone _____

Next Of Kin

Name _____ Relationship to Patient _____
Street Address _____ City _____
State _____ Zip _____ Home Phone _____
Work Phone _____ Cell Phone _____

Guardian's if patient is a minor

Patient's Mother _____ Cell Phone _____
Patient's Father _____ Cell Phone _____

Medical information and or test results

- Given to PATIENT ONLY
 Given to the following person (s)

Name _____ Phone 1 _____ Phone 2 _____

Name _____ Phone 1 _____ Phone 2 _____

Preferred method of communications:

- Home Phone Cell Phone Email Text

Appointment Message: Check all methods that are permitted.

- Home answering machine Texted to _____
 Cell Phone voicemail
 Emailed to _____

Messages, other than appointment reminders: Check all methods that are permitted.

- Home answering machine Texted to _____
 Work voice mail Cell phone voice mail
 Emailed to _____

This authorization will remain in effect until a new authorization is completed.

Signature of Patient _____ Date _____