

88 Norwich New London Tpke
Suite 1
Uncasville, Ct 06382



Phone: 860-848-4180
Fax: 860-848-9157

Patient Permission Form

Patient Name: _____

Date of Birth: _____

I authorize Health 180° and employees to release medical information, such as, test results, appointments, and information about medication I have been prescribed to:

*Please circle who we may leave this information with:

Spouse

Children

Parent(s)

Other Family Members (please specify):

Other (Please specify):

I do not want messages left with anyone other than myself. _____
Signature

I give permission for information to be left on my answering machine. Please check all that apply:

_____ Appointments at Hospital

_____ Appointments with other Physicians

_____ Test Results

_____ Information regarding prescriptions that I am taking or changes in prescriptions

_____ Reminders about upcoming appointments in this office.

Signature: _____ Date: _____

THIS RELEASE REMAINS IN EFFECT UNTIL REVOKED BY PATIENT.

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