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Michael Brame, MD



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Providing Complete Urologic Care for Men, Women and Children

PATIENT RESULTS AUTHORIZATION

All calls from Cleveland Urologic Surgery, PA regarding your care, test results and appointments will be made to your home phone number unless an alternate number is requested. If you would like us to contact you at an alternate phone number, please provide that phone number below.

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_____ I hereby authorize the above-mentioned medical practice to contact me by phone and if I am not present, they may leave a message on:

- ◇ Home answering machine
- ◇ Work voice mail
- ◇ Cell voice mail

_____ **DO NOT** leave a message on any phone number other than name of caller and phone number.

OTHER CONTACT INFORMATION

I authorize the following people to discuss my medical condition or billing information with the health care professional in this practice.

Name	Relationship	Phone number
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Name	Relationship	Phone number
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Patient Signature	Date
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Print Patient Name	Witness
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