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**NORTERRA**  
FAMILY MEDICINE

[norterrafamilymedicine.com](http://norterrafamilymedicine.com)

## RELEASE OF TEST INFORMATION

Patients Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I give my consent to the staff of Norterra Family Medicine to relay any lab, radiological testing, referral information or any other pertinent information as follows:

Please provide my medical information to individual(s) other than myself or state NONE.

(Name) \_\_\_\_\_

(Relationship) \_\_\_\_\_

(Name) \_\_\_\_\_

(Relationship) \_\_\_\_\_

Please check the following:

**YES NO**

\_\_\_\_\_ Leave information on my answering machine at home. Home telephone # \_\_\_\_\_

- On answering machine
- With anyone answering the phone
- With designated person listed above
- Leave message with call-back number only

\_\_\_\_\_ Leave information on my work phone # \_\_\_\_\_

- On answering machine
- With anyone answering the phone
- Leave message with call-back number only

\_\_\_\_\_ Leave information on my cell phone # \_\_\_\_\_

- On answering machine
- With anyone answering the phone
- Leave message with call-back number only

Signature \_\_\_\_\_ Date \_\_\_\_\_

# MUST BE FILLED OUT COMPLETELY