SOUTHERN FAMILY MEDICINE LLC
Primary care for patients of all ages

16312 Mount Airy Road
Shrewsbury, Pennsylvania 17361
www.SouthernFamilyMed.com

Phone (from PA): (717) 227-3800
Phone (from MD): (410) 584-2600
Fax: (717) 227-3802

AUTHORIZATION FOR COMMUNICATIONS

I, _____, give Southern Family Medicine, LLC permission to contact me regarding appointments, lab/imaging/diagnostic test results, any other communication needed to complete my care.

- **My contact numbers: (Check only the primary number that should be used)**
  - **Home Phone Number** _____
  - Yes, leave a message
  - No, do not leave a message
  - **Cell Phone Number** _____
  - Yes, leave a message
  - No, do not leave a message
  - **Work Phone Number** _____
  - Yes, leave a message
  - No, do not leave a message
- **The following individuals may be contacted to discuss my medical care, if necessary:**

Name Phone
Relationship

Name Phone
Relationship

Name Phone
Relationship

Patient Signature:
_____

Guardian Signature:
_____ **Relationship**

Patients Date of Birth:
_____

Date:
_____

****THIS AUTHORIZATION REMAINS IN EFFECT FOR UP TO 12 MONTHS UNLESS A SHORTER TIME FRAME IS OTHERWISE SPECIFIED BY THE PATIENT/GUARDIAN. ****

Rev: 05/08/2018