

# CONSENT FOR VERBAL RELEASE OF INFORMATION

DR. ELIZABETH PACOCHA  
PHYSICIAN OF THE FOOT & ANKLE

Patient Name \_\_\_\_\_

Please list your preferred numbers:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Which phone number is best to use during the day (8am – 4pm)?  Home  Cell  Work

Which phone number is best to use in the evening (4pm – 7pm)?  Home  Cell  Work

Check box if we may leave detailed messages, including appointment reminders, on your voicemail?\*

Home  Cell  Work

Check box if we may leave detailed lab/test results on your voicemail?\*

Home  Cell  Work

\*Answering machines and voice mail must have an identifying message to confirm these are your numbers

Please list any persons with whom we may share details about your health care.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Patient or  
Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_