



Wynne Huang, MD

800 West Cummings Park, Suite 2250, Woburn, MA 01801

Web: caringforall.com | Phone: (781) 938-1888 | Fax: (781) 938-8008

Telephone Consent Form

Patient Name: _____ Date of Birth: _____

Best number to reach you at: _____

I GIVE MY PERMISSION to discuss my medical information with the persons listed below:

Name: _____ Relationship: _____ Tel: _____

Name: _____ Relationship: _____ Tel: _____

Name: _____ Relationship: _____ Tel: _____

Note: This DOES NOT INCLUDE any SENSITIVE information, but allows us to call regarding appointments, scheduled tests, and other pertinent information.

I DO NOT GIVE MY PERMISSION for you to speak with anyone concerning your medical information.

I GIVE MY PERMISSION to leave messages on my answering machine/voicemail.

Note: If your phone does not accept blocked numbers, we will not be able to reach you.

Patient Signature: _____ Date: _____