

# Frederick R. Silfen, M.D.

Obstetrics ♦ Gynecology ♦ Infertility ♦ Menopausal Medicine

Frederick R. Silfen, M.D., F.A.C.O.G.

Date \_\_\_\_\_

I, \_\_\_\_\_ authorize the staff and Dr.  
Patient's Name (Please Print)

Frederick R. Silfen, M.D. to notify me of my diagnostic or lab results. Please check one or more of the following options:

( ) ( ) ( ) ( )  
Patient's Phone Number Alternate Phone Number

☐ Leave a message at my phone number designated above if I am not available.

☐ Leave a message with anyone answering my phone.

☐ Name of other person(s) authorized to accept results for me:

\_\_\_\_\_  
Relationship: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Speak with me only.

☐ **Do not call me with any results.** I will call the office if I want test results.

Patient Signature \_\_\_\_\_

