



SOUTH BAY ORTHOPAEDIC SPECIALISTS MEDICAL CENTER
Communication Authorization Form

I authorize the staff and doctors of **South Bay Orthopaedic Specialists Medical Center** to leave messages on my home telephone answering machine for: appointments, x-ray and lab results, other test results, medications, and/or billing questions.

Message Phone # _____

I authorize the staff and doctors of **South Bay Orthopaedic Specialist Medical Center** to give information concerning appointments, lab results, X-rays, other test results and/or medications to the following people:
(i.e. personal relationship - family or friend)

1. _____

2. _____

Please Print Patient Name _____

Signature of Patient/Legal Guardian _____ Date _____