



Telephone Consent Form

Please check an option

I, _____, hereby
(Print patients first and last name)

Consent Dr. Susan M. Morrison to able to call via telephone and leave a detailed message/voicemail with my **results** at the following number (s):

(_____) _____ Does this number accept blocked/private calls? **Yes** **No**

(_____) _____ Does this number accept blocked/private calls? **Yes** **No**

E-mail Address _____

Decline. Please do not leave messages.

Signature: _____

Date: _____