



TEXAS GULF COAST

medical systems

NOTE: This form can be filled out from your screen. Just click in the open space beside each query and type in the requested info.

Fillable Form

You can click "Highlight Fields" in the top right corner of your PDF Reader to view all the fillable areas. Click the 'email' and/or 'print' button(s) above when finished.

***Any required signatures must be signed in ink on a printed copy of this form prior to validation.**

AUTHORIZATION TO
LEAVE MESSAGE AND
CONSENT FOR
WIRELESS / LANDLINE
TELEPHONE CONTACT

I give my permission for the staff of TEXAS GULF COAST MEDICAL GROUP to leave messages concerning lab work, biopsy results, medications, or any other medical information related to my condition with the following:

CHECK ALL THAT APPLY		Date:	Day	Month	Year
<input type="checkbox"/>	1st Phone Number (Primary):				
<input type="checkbox"/>	2nd Phone Number :				
<input type="checkbox"/>	Family member (spouse, children, parents, brother/sister) Telephone Number:				
<input type="checkbox"/>	Family Member name:				
<input type="checkbox"/>					
I DO NOT give my permission to the staff of TGCMG's office to release any medical information related to my condition unless it is to me directly.					
	Last			MI	
<input type="checkbox"/>	Patients Name:				
<input type="checkbox"/>	Date of Birth:				
Consent for Wireless and Landline Telephone Contact CHECK ALL THAT APPLY					
<input type="checkbox"/>	PHONE: You agree and expressly consent to being contacted by Texas Gulf Coast Medical Group through the use of an automatic telephone dialing system to receive autodialed prerecorded calls messages to any applicable wireless or landline telephone number.				
<input type="checkbox"/>	TEXT: You agree and expressly consent to being contacted by Texas Gulf Coast Medical Group though the use of an automatic telephone dialing system to receive text messages to any applicable wireless telephone number.				
Patient or Guardian Signature					