

Scarano & Taylor Pediatrics

Joseph Scarano, MD FAAP

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AUTHORIZATION FOR MODE OF REPORTING NORMAL TEST RESULTS

Name of Patient (Please Print)

Test Ordering Date

- Blood or Urine tests
- Imaging (X-Ray, Ultrasound, CT scan, MRI, etc.)
- EKG
- EEG
- Other (specify) _____

If the results of the tests indicated above are normal or do not indicate any significant abnormality, I authorize the reporting of results to me in the form of telephone message, voice mail or text message sent to the following number: _____.

I understand that reporting in this format may not conceal protected health information including the identity of the patient and the test results from unauthorized individuals.

Print Name of Parent/Legal Guardian or
Patient who is Legally Eligible to Consent

Signature

Today's Date

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