



Bio Identical Hormone Replacement

Achieving Hormone Balance Naturally

Patient Consent to Leave Detailed Message/Information

Dear Patient:

Dr. de la Torre has adopted a policy that require her staff to obtain authorization from the patient to leave detailed messages for the patient. This policy is to protect the patient and to also protect the Allura Skin and Laser Clinic's staff from violating the patient's confidentiality. If Dr. de la Torre or her staff does not have a signed consent on file, Dr. de la Torre or a member of her staff may only leave their name and a phone number on an answering machine asking you to call them back.

By completing the consent form, you are authorizing Dr. de la Torre and her staff to call and leave their name and additional information on an answering machine, voice mail, cell phone or email with a specific individual. Unless notified in writing, this consent will remain in effect permanently.

I give consent to Dr. de la Torre or a member of her Allura Skin and Laser Clinic to leave a message regarding treatment, test results or other necessary information.

Please print phone numbers and/or email address on line(s) for all that apply:

- 1. Home Phone Number _____ on home answering machine
- 2. Cell Phone Number _____ on cell phone voice mail
- 3. Work Number _____ on voice mail at work
- 4. Email address _____

Patient SignatureDate

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I **ONLY** consent to the physician's name and phone number left on my home answering machine.