skincenter

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**Listed below are individuals with whom employees of Skin Center may discuss my account, medical diagnosis, test results, pathology reports, appointments, medications or any other information regarding my health.**

| Name | Relationship | Phone Number |
|---|---|---|
| Name | Relationship | Phone Number |
| Name | Relationship | Phone Number |
| Name | Relationship | Phone Number |

Initials _____ Do not discuss my account, medical diagnosis, test results, pathology reports, appointments, medications or any other information regarding my health with anyone other than myself.

Signature of Patient or Responsible Party _____ Date _____

Print Full Name of Patient _____ Print the Full Name of the Parent/Legal Guardian _____