



**Karan S. Bhalla, MD, Amita S. Bhalla, MD
Andres F. Vasquez, MD, Angela B. Shiue, MD**
5413 Crenshaw Rd, Suite 400 Pasadena, TX 77505
Phone (713) 943-2800 Fax (713) 943-2801

Authorization to leave a message

I give my permission for the staff of Orion Medical to leave a message concerning lab work, diagnostic tests and/or any other medical information related to my condition with the following

Patient Name: _____ DOB: _____

| CHECK ALL THAT APPLY |
|--|
| <input type="checkbox"/> 1 st Phone Number: |
| <input type="checkbox"/> 2 nd Phone Number: |
| <input type="checkbox"/> Family member (spouse, children, parents, and/or brother/sister) Phone Number: |
| <input type="checkbox"/> I do not give permission to leave message with anyone other than myself (patient) |

Signature: _____ Date: _____