



Primary Contact Number and Authorization to Release Lab Results

In order to more efficiently convey lab, test results and other communication, Brighton Pediatrics is requesting that you provide a secure telephone number/s, which our staff may call and leave messages regarding your child. This will help prevent the delay of pertinent information relating to your child (patient). If you have not heard from Brighton Pediatrics regarding your child's lab work in the expected time, please do not hesitate to contact the office.

Phone # _____ (Primary)

Phone # _____ (Secondary)

I, (parent/guardian) _____, give Brighton Pediatrics permission to leave messages on my child (patient), _____, on the above telephone lines.

Parent/Guardian Signature _____ Date _____

Relationship to Patient _____