



**General Surgery History Form**

\_\_\_\_\_ (initials) It is the policy of the Department of General Surgery at the Medical Center Clinic to leave reminder messages on your answering machine or with another person in your household.

\_\_\_\_\_ (initials) It is the policy of the Department of General Surgery at the Medical Center Clinic to make follow-up telephone calls following a procedure.

\_\_\_\_\_ (initials) I acknowledge receipt of this policy.

I authorize the release of my pertinent medical information to the following individuals:

\_\_\_\_\_ relationship \_\_\_\_\_  
\_\_\_\_\_ relationship \_\_\_\_\_  
\_\_\_\_\_ relationship \_\_\_\_\_

This authorization is valid until further revoked by me in writing. Password # \_\_\_\_\_  
(Any # of digits acceptable)

Signed on this date: \_\_\_\_\_

\_\_\_\_\_ MCC # \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_