



People's Clinic

"Where People Matter"

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www.peoplesclinetn.com

Patient Consent Form

I, _____ dob ____/____/____ give the following
named person (s) permission to retrieve medical information, appointment information, test
results, lab results, and prescriptions on my behalf.

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Can we leave the above information on an answering machine? YES _____ or NO _____

PHONE: Home #: ____/____ - _____ Cell #: ____/____ - _____

Signature: _____ Date: _____