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Cosmetic and Reconstructive Surgery

I, _____,
hereby state that my lab/test results may be given to any of the following:

(Please check all that apply, and **list names/phone numbers** as appropriate)

- Answer machine at phone number _____
- Spouse _____
- Mother _____
- Father _____
- Sister(s) _____
- Brother(s) _____
- Son(s) _____
- Daughter(s) _____
- Caregiver _____
- Other _____

- NO ONE ELSE BUT PATIENT

Patient signature _____

Date _____