



Houston Ear, Nose & Throat Clinic, LLP

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TEST RESULTS

If there are any test results to be reported, and my Houston ENT Clinic physician is unable to reach me, I give my permission to discuss my test results with:

_____	_____
Name	Relationship
_____	_____
Signature	Date

RESULTADOS DE ESTUDIOS

Si mi doctor de Houston ENT Clinic no puede comunicarse conmigo, yo doy permiso de discutir los resultados de mis estudios con:

_____	_____
Nombre	Relacion
_____	_____
Firma del Paciente	Fecha

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