



## AUTHORIZATION TO LEAVE MESSAGES

I hereby give my permission for Perinatal Associates of New Mexico, Ltd. to leave messages on my answering machine regarding my medical care.

YES

NO

Signature \_\_\_\_\_

Date \_\_\_\_\_

I hereby give my permission for Perinatal Associates of New Mexico, Ltd. to leave a message regarding my medical care with a spouse, at the current home phone number, or with a number of a family member supplied by me.

YES

NO

Signature \_\_\_\_\_

Date \_\_\_\_\_