



**Pediatric
Endocrine
Associates, p.c.**
Infants • Children • Adolescents

Clifford A. Bloch, MD, FAAP
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Authorization to Leave Lab Results

I, _____, parent of _____,

D.O.B. _____, give Pediatric Endocrine Associates

the authorization to leave any lab results on the following

voicemails:

Home: (____) _____

Work: (____) _____

Cell: (____) _____

Signature

Date

9/1/2013