

MACON GYN-OB ASSOCIATES

A. Taylor Coppage, III, M.D.
Stephen M. Durkee, M.D.

Timothy E. Carter, M.D.
Cindy Lucas, RNC, W.H.N.P.

650 Coliseum Place
Macon, Georgia 31217
Phone # 478-745-7935 Fax # 478-746-7806

Permission to Authorize Treatment

Patient Name: _____ **Date of Birth:** _____
(Please print)

I hereby give my permission to the person(s) listed below to authorize treatment and to receive information about the care of the above named patient.

Name	Relationship	Phone Number

Signature of Patient
(Must be signed by patient if 12 years or older)

Date

In order to obtain information by telephone, the party calling (only those listed above) must share the patients identifier listed below with the staff. Please fill date of birth. If the caller does not give the information you have chosen below, information may not be given.

Patient Identifier:
Date of birth: _____