Oklahoma Joint
Reconstruction Institute
Paul B. Jacob, DO

9800 Broadway Extension, Oklahoma City, OK 73114 P:405.424.5426

OKLAHOMA JOINT RECONSTRUCTION INSTITUTE

Authorization to Release Information via Phone/Family/Friends

Patient Name: _____DOB:_____

I hereby authorize confidential communications from the physicians or staff of OJRI regarding my health, care, treatments, appointments, prescriptions, etc…to be received at any of the numbers given below. I authorize the staff to leave messages on the voicemail or with the individual who answers the phone at any of the below numbers:

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Other:** _____

I authorize the following individuals to call the office on my behalf to verify the status of appointments, treatment plans, medications and account information. These individuals may also pick up prescriptions and/or samples that I have requested:

Name: _____ **Relation:**_____

Name: _____ **Relation:**_____

Name: _____ **Relation:**_____

Name: _____ **Relation:**_____

I understand that this authorization will remain in effect until I revoke the authorization in writing.

☐ **I AGREE** to the terms as stated above

☐ **I DECLINE,** please **DO NOT** leave any messages

_____ _____
Patient Signature Date

OJRI STAFF ONLY	Documented by: Initials:_____	Date:_____