



13135 Lee Jackson Memorial Hwy, Suite 201 Fairfax, Virginia 22033  
703-391-0900

**PHONE MESSAGE CONSENT FORM**

FPA physicians and other staff members will, at times, need to contact you. By filling out the information below, we will be better able to serve you.

I give Fairfax Pediatric Associates, P.C. my permission to leave detailed messages and test results on the number(s) I have listed below for my child(ren):

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

**The number(s) FPA should call to leave a message are:** (choose only the numbers you wish us to use)

Home: \_\_\_\_\_

Mothers Cell: \_\_\_\_\_

Fathers Cell: \_\_\_\_\_

Mothers Office/work: \_\_\_\_\_

Fathers Office/work: \_\_\_\_\_



\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Today's Date