



CONTACT AUTHORIZATION

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

e-mail address: _____

Patient Name:
Date of Birth:

Appointment Reminders

On which phone may we leave messages regarding appointment information?

CIRCLE AS MANY AS APPLY: text / email / voice-cell / voice-home / voice-work / do not call

Medical Information (test results, prescriptions, treatment info, medication change, etc...)

On which phone may we leave messages regarding medical information?

CIRCLE AS MANY AS APPLY: voice-cell / voice-home / voice-work / do not call

Anyone authorized to talk with Doctor/Nursing/Staff regarding your health care.

<u>Name</u>	<u>Phone Number</u>	<u>Relationship</u>

I have verified all the above information and have given my consent to contact me as noted in this document. This document expires 2 years from date of signature.

Patients/Guardians Signature:

X _____ Date ___/___/20___