



**CONTACT AUTHORIZATION**

**Patient Name:**

**DOB:**

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

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Enable Patient Portal ? Y / N

<p><b>Appointment Reminders/Medical Information</b></p> <p>On which phone may we leave messages?</p> <p><b>Circle As Many As Apply:</b> text / voice-cell / voice-home / do not call</p>
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**Anyone authorized to speak with regarding your health care:**

Name	Phone Number	Relationship

I have verified all the above information and have given my consent to contact me as noted in this document.

Patients/Guardians Signature

X \_\_\_\_\_ Date \_\_\_ / \_\_\_ /20\_\_\_