



CONTACT AUTHORIZATION

Patient Name: _____

DOB: _____

Physical Address: _____

Home Phone: _____

Cell Phone: _____

E-mail address: _____

Enable Patient Portal? Y / N

<p>Appointment Reminders/Medical Information</p> <p>On which phone may we leave messages?</p> <p>Circle As Many As Apply: text / voice-cell / voice-home / do not call</p>
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Emergency Contact:

Name	Phone Number	Relationship

Additional contacts authorized to speak with regarding medical 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. Please note that it is your responsibility to contact us if any of this information changes.

Signature:

X _____ Date _____