




I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (Check *all* that apply.)

Telephone Contacts

 Home Telephone: _____  Cell Phone: _____

 Text Message: _____

 Email: _____ Other Phone: _____

Can we leave you a message with **detailed information**? Yes No

Can we leave you a message with a **call-back number**? Yes No



Emergency Contacts

Name: _____

Phone Number: _____

May we speak with this person(s) regarding your health information? Yes No



Written Communication

Can we mail information to your home address on file? Yes No

It is OK to fax information to this number: _____

Patient Signature: X _____ Date: _____

Print Name: X _____ Date of Birth: _____