

COMMUNICATION OF PATIENT INFORMATION

To all our patients:

Please inform us if information regarding your treatment or results may be discussed with:

SPOUSE: YES NO

CHILDREN: YES NO

ONLY SELF: YES NO

Please inform us if information regarding your treatment or results may be left on your answering machine:

YES NO

Please be advised that messages regarding appointments may be left on an answering machine.

Signature: _____

Date: _____