



OB/GYNE

Associates of Lake Forest, Ltd.

959 S. Waukegan Rd., 2nd Floor · Lake Forest, IL 60045
847-234-3250

COMMUNICATION REQUEST

Date: _____ Date of Birth: _____

Name: _____

Patient's Phone: _____

Patient's Email: _____

When contacting you by phone, may we leave a message on voicemail to return our call?

Yes

No

When contacting you by phone, may we leave a message with normal results on voicemail?

Yes

No

List anyone with whom we may share your private health information:

Name/Relationship/Contact Number:

*

Signature of Patient or Legal Representative

Date