



CARDIOVASCULAR WELLNESS

Heart Disease & Hypertension

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www.cardiovascularwellness.com

Patient Contact Information

I, _____, give my permission to the physician or staff of
Cardiovascular Wellness Specialty Care, P.C. to speak to the following people regarding my medical care:

1) _____ Phone: _____ Relationship: _____

2) _____ Phone: _____ Relationship: _____

I wish to be contacted by Provider in the following manner (please check all that apply)

Home Telephone # _____

Leave name and phone number only when we call

Leave detailed message when we call (appointment reminder, test results)

Cellular phone # _____

Leave name and phone number only when we call

Leave detailed message when we call (appointment reminder, test results)

Email (appointment reminders, test instructions, forms, newsletter) _____

I give the physician and staff at Cardiovascular Wellness Specialty Care, P.C. permission to do the above as check marked

Print Name: _____

Patient / Patient Representative Signature: _____

Date: _____