

INTEGRATED DERMATOLOGY

OF TIDEWATER

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PATIENT CONTACT PREFERENCES

The patient wishes to be contacted in the following manner:

HOME PHONE #:

- o It is okay to leave messages with detailed information*
 - o Please only leave messages with department/office name and call-back number*
- It is okay to give information to the family members listed below:*

CELL PHONE #:

- o It is okay to leave messages with detailed information*
 - o Please only leave messages with department/office name and call-back number*
- It is okay to give information to the family members listed below:*

WORK PHONE#:

- o It is okay to leave messages with detailed information*
 - o Please only leave messages with department/office and call-back number*
- It is okay to give information to the co-workers listed below:*

E-MAIL ADDRESS:

- o It is okay to contact this patient through e-mail*
- o Please only send messages with department/office name and call-back number*

WRITTEN COMMUNICATION (Mailing Address):

- o It is okay to send this patient written medical information to the address listed above.*
- It is okay to speak with the following people regarding the patient's health information, according to the preferences set above:*

Contact Name:

Relationship: