



# OB/GYNE

Associates of Lake Forest, Ltd.

959 S. Waukegan Rd., 2<sup>nd</sup> 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 through all forms of communication (such as: Patient Portal, phone, etc.):

Name/Relationship/Contact Number:

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\* \_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date