

1. If our office should need to contact you and you are unavailable, would you prefer?

(please circle one)

- A. We leave only our office name and number? YES OR NO
B. We leave a detailed message on your voicemail? YES OR NO

2. Is there anyone you would like to give us permission to speak with other than yourself regarding your personal health information?

Contact Name _____ Phone _____

3. Is there anyone you would like to give us permission to speak with other than yourself regarding your billing information?

Contact Name _____ Phone _____

Printed Name _____ Date of Birth _____

Signature _____ Date _____