

Patient Name: _____
Chart Number: _____

Please tell us the telephone numbers we may use to contact you for appointment reminders, test results, return phone calls and messages.

_____ () Home () Work () Cell Phone () Other
_____ () Home () Work () Cell Phone () Other
_____ () Home () Work () Cell Phone () Other

Please indicate with whom we may speak with or leave a message with regarding your private health information and test results if you are unavailable at the above numbers.

Please indicate with whom you do **NOT** want us to speak with or leave a message with regarding your private health information.

Patient Signature

Date