

PATIENT PREFERENCES FOR CONTACTING

We generally make every effort to get your test results to you as soon as practical by calling you at home, work/office, or cellular phone.

Patient Name: _____
(First Name) (Middle Initial) (Last Name)

I wish to be contacted in the following manner (check all that apply):

- Home Telephone (_____) _____
- O.K. to leave message with medical information on voicemail or answering machine.
 - O.K. to leave message with medical information with the person who answers my phone.
 - O.K. to leave message with call-back number only.
- Work/Office Telephone (_____) _____
- O.K. to leave message with medical information on voicemail or answering machine.
 - O.K. to leave message with medical information with the person who answers my phone.
 - Leave message with call-back number only.
- Cellular Telephone (_____) _____
- O.K. to leave message with medical information on voicemail or answering machine.
 - O.K. to leave message with medical information with the person who answers my phone.
 - Leave message with call-back number only.

Please rate these in order of preference (1 - 3, 1 = most preferred) – I wish to be contacted by:

_____ Home Telephone
_____ Work/Office Telephone
_____ Cellular Telephone

- Written Correspondence. If we cannot reach you by phone, can we write to you at:
- O.K. to mail to my home address.
 - O.K. to mail to my work/office address.
 - O.K. to fax to this number (_____) _____
 - Other _____

You have my permission to discuss medical information with the following relatives and/or friends:

- 1). Name _____ Relationship _____ Phone(_____) _____
- 2). Name _____ Relationship _____ Phone(_____) _____
- 3). Name _____ Relationship _____ Phone(_____) _____

Patient Signature: _____