PATIENT NAME_____

I. Can the following messages be left on your telephone answering machine or voicemail?

Lab, X-ray or other test results	YES_____	NO_____
Appointment reminders	YES_____	NO_____
Instructions for tests or procedures	YES_____	NO_____
Questions or information regarding your medications	YES_____	NO_____

II. Please print the telephone number, other than your home number, where you want to receive call regarding the above information:

_____

Can a message be left on answering machine or voicemail at this number?

YES_____ NO_____

III. Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and health care operation):

_____

_____

IV. Please list medical providers you want us to share your medical information with:

_____

_____

_____ _____

PATIENT SIGNATURE DATE