Patient Label

In our efforts to protect your privacy, please let us know how you would like us to reach you regarding future appointments or information regarding your healthcare.

HOME (____)_____

Please provide HOME telephone number

- May we leave a message about your next appointment date and time? _Y _N
- May we leave a message on your home answering machine/voicemail? _Y _N
- May we leave a message with anyone who answers your home phone? _Y _N
- May we leave a message regarding the following:
  - Test results? __Y __N
  - Asking you to call us back? __Y __N

WORK (____)_____

Please provide WORK telephone number

- May we call you at work? __Y __N
- May we leave a message about your next appointment date and time? _Y _N
- May we leave a message on your voicemail at work? __Y __N
- May we leave a message with anyone who answers your phone at work? __Y __N
- May we leave a message regarding the following:
  - Test results? __Y __N
  - Asking you to call us back? __Y __N

OTHER (____)_____ _____

Please provide other telephone number Please specify (cell, family member, etc.)

- May we leave a message about your next appointment date and time? _Y _N
- May we leave a message regarding the following:
  - Test results? __Y __N
  - Asking you to call us back? __Y __N

_____

Print Name

_____ _____

Patient Signature Date