

**I GIVE MY WRITTEN PERMISSION TO BE CONTACTED IN THE  
FOLLOWING MANNER (CHECK ALL THAT APPLY)**

\_\_\_\_\_ **Home Telephone** \_\_\_\_\_

\_\_\_\_\_ Leave message with detailed information

\_\_\_\_\_ Leave message with call-back number only

\_\_\_\_\_ **Work Telephone** \_\_\_\_\_

\_\_\_\_\_ Leave message with detailed information on voice mail

\_\_\_\_\_ Leave message with fellow co-worker

\_\_\_\_\_ Leave message with call back number only

\_\_\_\_\_ **Written Communication** \_\_\_\_\_

\_\_\_\_\_ Mail information to home address

\_\_\_\_\_ Mail to work/office address

\_\_\_\_\_ Fax to \_\_\_\_\_

\_\_\_\_\_

Patient's Name

\_\_\_\_\_

Signature of Patient or Guarantor

\_\_\_\_\_

Date