

# Communication Form

## Patient Name

First

Last

Parent, if your child is under the age of 18, please sign for the following.

## Address

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

## Home Phone

## Work Phone

## Cell Phone \*

## Email Address

Is it okay for us to leave a text message on your cell phone?

Yes

No

Is it okay for us to leave a voice message on your phone?

Yes

No

Is it okay to email you?

Yes

No

## Release of medical information:

I hereby authorize the release of my medical information to the following

**Name**

**Relationship to Patient**

**Name**

**Relationship to Patient**

**Emergency Contact Only**

**Phone**

**Relationship to Patient**

**Patient/Parent Signature**