



Communication Preferences

Patient Name: _____
(printed)

You may _____ may not _____ contact me for follow-up calls and/or appointment reminders.

You may _____ may not _____ leave messages on my voicemail. The number you may use is:

If I am not home, you may leave the message with the following individual (s): _____

Patient Signature: _____ Date: _____

Guardian Signature: _____ Date: _____
(If participant is less than 18 years old, parent/guardian must sign.)

Witness: _____ Date: _____