

## AUTHORIZATION FOR TELEPHONE CONTACT

**Dear Patient:**

Due to the number of patients who have voice mail and/or answering machines on their telephones, we need some information about how to communicate with you.

**PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE CAN CONTACT YOU IN THE MOST EFFICIENT WAY POSSIBLE.**

Do you have an answering machine at your home?                      YES                      NO

If Yes, may we leave a message regarding negative test results, appointments and / or billing matters?                      YES                      NO

Do you have voice mail thru your employer?                      YES                      NO

If Yes, may we leave a message for you to return our call? No information will be left, only a message to call our office.                      YES                      NO

If we call you at home and you are not available, may we leave information such as negative test results, surgery time and/or billing matters with another person?                      YES                      NO

If Yes, please state name and relationship of the person

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Patient Signature