



Communicating with You Regarding:

Patient Name: _____

In order to effectively communicate with you about you or your love ones about his/her/your medical information we request that you complete this form identifying the best ways to provide you with your confidential information. We may need to communicate test results, prescription information or respond to a message you left for your physician’s office. **We may communicate with you through mail, email, and telephone, including leaving messages on your answering machine/voicemail.**

Please check all boxes that you give In-House Dental Care to use for your communications:

You may contact me by telephone: _____ Home Cell Other

You may leave a message/voice mail: _____

You may leave a TEXT message: _____
(We are not responsible for any data charges you may incur as a result of leaving text messages)

You may contact me by mail: _____

You may contact me through email: _____


If you wish to give permission for us to communicate/share with anyone else, please complete the list below:

Name/Phone Number/Fax Number	Relationship	Options
1.	<input type="checkbox"/> PHARMACY	<input type="checkbox"/> To Phone in Medications
2.	<input type="checkbox"/> Physician	<input type="checkbox"/> Medical/Health Information <input type="checkbox"/> Medical Clearance
3.	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Appointment Information <input type="checkbox"/> Medical/Health Information
4.	<input type="checkbox"/> Family Members/ Relationship To Patient: _____	<input type="checkbox"/> Appointment Information <input type="checkbox"/> Medical/Health Information
5.	<input type="checkbox"/> Family Members / Other _____	<input type="checkbox"/> Appointment Information <input type="checkbox"/> Medical/Health Information

This request supersedes any prior request for communication of information I may have made.

Name of Patient/Responsible Party/POA (Print)

Date

 _____
Signature of Patient/Responsible Party/POA

Relationship to Patient