

BRUNSWICK INTERNAL MEDICINE GROUP PC

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Permission of Patient Contact

Contact Information listed on this form will allow us to contact you with Laboratory and x-ray result. Please fill out this form completely for our records.

Primary

1. Home phone: (__) ____ - _____
2. Cellular phone: (__) ____ - _____
3. Work phone: (__) ____ - _____

In the event that our staff and or physicians are unable to reach you concerning your medical status with this office (ie lab results, x-ray results, billing statements, etc.), may we leave a message on your:

Home answering machine?

Yes
No

Cellular voice mail?

Yes
No

Work voice mail?

Yes
No

If we need to contact you at work and you are unavailable may we leave a message with the receptionist?

Yes
No

••• I hereby acknowledge that I have been presented with a copy of
Notice of Privacy Practices •••

Patient Name: _____ Date: _____

Signature: _____