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PATIENT: _____ **DOB:** _____ **DATE:** _____

The following is a list of numbers where I can be reached with information regarding my appointments; medical care, treatment, and/or test results:

1. _____ home work cell
 you may leave a message regarding my appointment.
 you may leave a message regarding my medical care, treatment or test results.
 you MAY NOT leave a message

2. _____ home work cell
 you may leave a message regarding my appointment.
 you may leave a message regarding my medical care, treatment or test results
 you MAY NOT leave a message

3. _____ home work cell
 you may leave a message regarding my appointment.
 you may leave a message regarding my medical care, treatment or test results
 you MAY NOT leave a message

If you would like to receive test results through email, please list email address below:

Signature of Patient or Legal Guardian