

ALLERGY & ENT ASSOCIATES

CONTACT CONSENT

In addition to telephone calls, we now have the capability to communicate with you via Email and Text Messages.

It is important to note that this type of communication is not always secure. Emails and Text Messages can be intercepted.

Please circle yes or no to each method of communication

1. Telephone Message

Preferred Number: _____

Yes No

2. Email Message

Email Address: _____

Yes No

3. Text Message

Preferred Cell Number: _____

Yes No

Patient Name (Printed)

Date of Birth

Patient Name (Printed) if multiple minors

Date of Birth

Patient Name (Printed) if multiple minors

Date of Birth

Patient Name (Printed) if multiple minors

Date of Birth

Patient/Guardian Signature

Date of Signature

Note: In the future, if you wish to change your preferred method of communication, please contact our office. Frogf27.01.082015