



# LONE TREE

FACIAL PLASTIC &  
COSMETIC SURGERY CENTER

## HOW CAN WE REACH YOU?

### Phone/ E-mail Message Consent

Your physician will at times need to contact you. By filling out the information below, we will be better able to serve you.

In an effort to protect your privacy and follow new federal guidelines, we have developed a policy on leaving medical care messages:

- We will NOT leave messages with anyone except the patient or legal guardian
- We will NOT leave messages on voice mail or answering machine or e-mail

### UNLESS WE HAVE WRITTEN PERMISSION TO DO SO

Please read below and consider carefully whom you want to have access to your medical/account information.

I, \_\_\_\_\_ give Lone Tree Facial Plastic & Cosmetic Surgery Center permission to leave phone messages and/or e-mail messages regarding my medical care/account/promotional information with the following. I understand that this consent will remain valid until revoked in writing by me.

**PATIENT NAME:** \_\_\_\_\_

### May we leave a message?

**HOME PHONE:** \_\_\_\_\_

**Yes or No**

**WORK PHONE:** \_\_\_\_\_

**Yes or No**

**CELL PHONE:** \_\_\_\_\_

**Yes or No**

**EMAIL ADDRESS:** \_\_\_\_\_

**Yes or No**

### Whom may we speak to on your behalf?

Partner                      Yes    No    If yes, name: \_\_\_\_\_

Son or Daughter        Yes    No    If yes, name: \_\_\_\_\_

Friend/Neighbor        Yes    No    If yes, name: \_\_\_\_\_

Other                      Yes    No    If yes, name: \_\_\_\_\_

Special Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_