

Important information

Request for Confidential Communication

I _____, authorize the staff of Skin and Cancer Associates to notify me of my diagnostic/lab results. Please check one or more of the options.

The address information for communication if different from your home address:

() Speak only with me

() Leave a message at my phone number designated below if I am not available.

(Pts.Initials) Home Phone: _____ Work Phone: _____

Cell Phone: _____

(Pts.Initials) Leave a message with anyone answering the phone.

(Pts Initials) Name of other person(s) authorized in my behalf to discuss; accept my results and/or treatment

Name: _____ Relationship: _____

Phone # : _____

Name: _____ Relationship: _____

Phone # : _____

Pharmacy Information

Pharmacy: _____ Phone Number: _____

MISSED APPOINTMENTS

If you are unable to keep an appointment, kindly give 24 hours notice. Please help us serve you better by keeping scheduled appointments.

Patient signature: _____ Date: _____