

Request for Confidential Communications

Name of Patient: _____

Date of Birth: _____

Written Communications: Address to: _____

Oral Communications: Home # _____

May we leave a message? Yes ___ No ___

Work# _____

May we leave a message? Yes ___ No ___

Cell # _____

May we leave a message? Yes ___ No ___

Oral communications: May we leave a message that you need a pre-medication? Yes ___ No ___

May we leave a message that you have a dental appointment? Yes ___ No ___

I do not want any reminder messages left at all _____(initials)

I do not want a reminder postcard sent _____(initials)

(I understand that the office may charge me should I fail to keep my appointment).