

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

_____ Home Phone: _____, Work Phone: _____
(Pt's Initial) Cell Phone: _____

_____ Leave a message with anyone answering the phone.
(Pt's Initial)

_____ Name of other person(s) authorized to accept my results.
(Pt's Initial) Name: _____ Relationship: _____
Phone Number: _____

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: _____

Witness: _____ Date: _____