



This information will allow us to contact you in regards to all medical/dental results, inquiries and office/medical related issues. Please list telephone numbers that we may use to contact you:

1. _____ (☐ Home - ☐ Work - ☐ Cell - ☐ Other: _____)
2. _____ (☐ Home - ☐ Work - ☐ Cell - ☐ Other: _____)
3. _____ (☐ Home - ☐ Work - ☐ Cell - ☐ Other: _____)

In the event Crowley Family Dentistry's associates are unable to reach you concerning your issues related to this office and/or your treatment, **MAY WE LEAVE A MESSAGE ON:**

- | | | |
|----------------------------|-----|----|
| 1. Home Answering Machine? | YES | NO |
| 2. Work Voice Mail? | YES | NO |
| 3. Cellular Voice Mail? | YES | NO |

If you have provided a work telephone number for us to contact you, and you are unavailable, may we leave a message with your receptionist/operator to have you return the office's call?

YES NO

Please list the names of any person(s) to whom you give us permission to discuss anything concerning your medical status (i.e.: relative, spouse, guardian...)

IF THE NAME IS NOT LISTED, WE WILL NOT DISCUSS OR RELEASE ANY INFORMATION

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

Patient Name: _____ Date: _____

Signature: _____ Relationship (if not patient): _____