

Martin H. Wagner, M.D.
5651 Frist Boulevard, Suite 413
Hermitage, TN 37076

PATIENT CONTACT INFORMATION

PATIENT NAME: _____ DOB: _____

What phone number do you want us to call to confirm appointments ahead of time:
_____ (Home/ Work/ Cell)

If we reach an answering machine/voicemail system, may we leave a message with your appointment information? Yes/ No

If someone other than you answers the phone, do you wish us to give them your appointment information? Yes/ No

What phone number do you want us to call with test results or medical information:
_____ (Home/ Work/ Cell)

Because of federal privacy laws, if someone other than you answers the phone, or calls this office, we cannot reveal any medical information about you unless you have given us prior written permission. Please list the people to whom we may give medication information over the phone.

PLEASE PRINT CLEARLY:

<u>Name of Contact</u>	<u>Relationship to Patient</u>	<u>Phone Number</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you wish to make changes to this list, please notify us in writing.

PATIENT SIGNATURE: _____ DATE: _____

PRINTED PATIENT NAME: _____