



Hand and Reconstructive Surgeons, Inc.

AUTHORIZATION FOR TELEPHONE CONTACT

Dear Patient _____

Cell Phone Number _____

Due to the number of patients who have voicemail and/or answering machines on their telephones, we need some information about how to communicate with you.

Please answer the following questions so that we can contact you in the most efficient manner possible.

Do you have an answering machine at your home? YES NO

If YES, may we leave a message regarding negative test results, appointments, and/or billing matters? YES NO

Do you have voicemail through your employer? YES NO

If YES, may we leave a message for you to return our call?
No information will be left, only a message to call our office. YES NO

If we call you at home and you are not available, may we leave information such as negative test results, surgery time, and/or billing matters with another person? YES NO

If YES, please state name and relationship of the person/people:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Patient Signature _____ Date _____