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## COMMUNICATION OF INFORMATION

From time to time, our office will have reason to contact you regarding information pertaining to your appointment, prescription, surgery, visits, etc. Please check the following means of communication which are acceptable to you.

<ul><li>( ) Call &amp; speak only with you</li><li>( ) Call &amp; leave message with anyone who answers the answering machine</li><li>( ) E-mail</li></ul>	ne phone or
Please give us the telephone number(s) with an area code you at:	you would like us to contact
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Parent 1 name/cell	
Parent 2 name/cell	
Work	
E-mail	
(Signature of Parent/Guardian)	(Date)