

BILTMORE MEDICAL ASSOCIATES
CONTACT INFORMATION

I wish to be contacted in the following manner (check all that apply):

Home Phone _____

Work Phone _____

Okay to leave message with routine results or appointment information

Okay to leave message with routine results or appointment information

Leave message with call back number only

Leave message with call back number only

Cell Phone _____

Written Communication

Okay to leave message with routine results or appointment information

OK to mail to my home address

Leave message with call back number only

OK to fax to this number _____

Patient Signature

Date

Patient Name (please print)