

Weimar Medical Group, Inc
Patient's General and Emergency Contact Information Sheet

Please complete this form by indicating a check mark in each section that would be an acceptable manner in which Weimar Medical Group, Inc. can contact you.

- In case of an emergency I authorize Weimar Medical Group, Inc. to contact _____
at (_____) _____ - _____. My relationship to this contact is: _____

I wish to be contacted by Weimar Medical Group, Inc. in the following manner (please check all areas that would be an acceptable manner for Weimar Medical Group, Inc. can contact you):

- Please contact me on my home telephone: (_____) _____ - _____
- Weimar Medical Group, Inc. can leave their name and phone number only when they call.
 - Weimar Medical Group, Inc. can leave a detailed message when they call.
- Please contact me on my cellular phone: (_____) _____ - _____
- Weimar Medical Group, Inc. can leave their name and phone number only when they call.
 - Weimar Medical Group, Inc. can leave a detailed message when they call.
- Please contact me at work: (_____) _____ - _____
- Weimar Medical Group, Inc. can leave their name and phone number only when they call.
 - Weimar Medical Group, Inc. can leave a detailed message when they call.
- Weimar Medical Group, Inc. can mail or email me information such as appointment reminders, and future clinical sponsored programs.
- Weimar Medical Group, Inc. can mail information to my home address.
 - Weimar Medical Group, Inc. can mail information to my work address.
 - Weimar Medical Group, Inc. cannot mail information to my home or work address, except statements of my account.
 - Weimar Medical Group, Inc. may send me email messages such as appointment reminders at the following email address: _____. (Leave blank if you do not wish to be contacted via email.)
- I hereby give permission to Weimar Medical Group, Inc., to release medical information pertinent only to my current medical condition to: _____ relationship: _____.

Patient's Name (Please Print)

Signature of Patient, Parent or Legal Guardian

Date