



**Alternative Communications Request Form
(alternative ways to communicate with Craig Dental Center)**

Complete those that apply:

I give permission for the following person(s) to discuss my health information:

I give permission to be contacted to any of the following phone numbers regarding messages or results for myself or my minor children:

- Home _____
- Work _____
- Cell _____
- Fax _____
- Other(please specify) _____

I give permission to (please mark all that apply):

- Leave message/result on answering machine
(message will not be left on an unidentified answering machine)

- Leave message/result with a family member
Please specify family member: _____
Relationship: _____
Phone number of family member if not living with you: _____

- Discuss my dental condition
Please specify family member: _____
Relationship: _____
Phone number of family member if not living with you: _____

This form of communications will be used as the standard form of communication until I revoke this in writing.

Patient name: _____ Date of birth: _____

Patient/Guardian Signature: _____

Date signed: _____ Staff initials: _____