Last Name:____________________________ First Name:________________________ MI:_____
PRINT NAME PRINT

Date of Birth: ____________ **SS#**_______________________________(confidential)

EMAIL:____(used for appointment reminders)

TELEPHONE CONTACT

☐ You may telephone me at the following phone numbers:

☐ Home ______________ ☐ Work___________________ ☐ Cell_______________

If you are not able to speak with me directly:

☐ You **MAY NOT** leave a message with: ________________________________

You **MAY** say:

☐ "This is a message for ___________________________from the Louis Kopolow's office."

You may leave a message about: (check those that apply)

Scheduling_____ Prescriptions_______ Other ______

You have permission to speak with :____

*****You do NOT have permission to speak with :**_____________________________________

E-MAIL

Patient must initial each line item.

_____ You have permission to use my e-mail address to send me communication such as the dates and times of my appointment. An encrypted email will be sent with your completed fee ticket to submit to your insurance. No further copies will be avail, so please retain the document.

_____ I understand that you cannot guarantee confidentiality when you send me an e-mail.

Signature: _____________________________ **Date:** _________________
PATIENT/GUARDIAN

Office: 301-963-0060 **Office Fax: 301-897-7363**