



1150 Prairie Parkway, Suite 105  
West Fargo, ND 58078  
Phone: 701-356-7766  
Fax: 701-356-7765

### Communication Authorization

Can we return messages or leave appointment information with the person who answers the phone?

Yes     No

Can we return messages or leave appointment information on your voice mail?

Yes     No

Can we send messages or leave appointment information via email?

Yes     No    If yes, please list the email \_\_\_\_\_

Contacts:

Who can we discuss billing questions and your medical condition with besides yourself?

1. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

4. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please let us know if this information ever needs to be updated.