



KJARTAN D. ARMANN, M.D.
 Infant, Child and Adolescent Medicine

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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 our practice can contact you.

In case of an emergency, I authorize Dr.Armann and/or staff to contact _____ at (____) _____ - _____. My relationship to this contact is: _____ and I hereby give permission to Dr. Armann and/or staff to release medical information to that person.

I wish to be contacted by Dr.Armann and/or staff in the following manner (please check all areas that would be an acceptable manner for Dr.Armann and/or staff can contact you):

- Please contact me on my home telephone: (____) _____ - _____
 - Dr.Armann and/or staff can leave their name and phone number ONLY when they call.
 - Dr.Armann and/or staff can leave a detailed message when they call.
- Please contact me on my cellular telephone: (____) _____ - _____
 - Dr.Armann and/or staff can leave their name and phone number ONLY when they call..
 - Dr.Armann and/or staff can leave a detailed message when they call.
- Please contact me at work telephone: (____) _____ - _____
 - Dr.Armann and/or staff can leave their name and phone number ONLY when they call..
 - Dr.Armann and/or staff can leave a detailed message when they call.
- Dr.Armann and/or staff can mail or email me information such as an appointment reminder, and future clinic sponsored programs.
 - Dr.Armann and/or staff can mail information to my home address.
 - Dr.Armann and/or staff can mail information to my work address.
- Dr.Armann and/or staff cannot mail information to my home or work address except a statement of my account.
- Dr.Armann and/or staff may send me e-mail messages such as appointment reminders at the following email address: _____.

 Patient's Name (Please Print) Signature of Patient, Parent or Legal Guardian Date