Kjartan Armann, MD

herein after referred to as "Provider"

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 Provider to contact ____________________

at (______) __________-_____________. My relationship to this contact is: ______________________

I wish to be contacted by Provider in the following manner (please check all areas that would be an acceptable manner for Provider can contact you):

☐ Please contact me on my home telephone: (_______) _________-__________

- ☐ Provider can leave their name and phone number only when they call.
- ☐ Provider can leave a detailed message when they call.

☐ Please contact me on my cellular phone: (_______) _________-__________

- ☐ Provider can leave their name and phone number only when they call.
- ☐ Provider can leave a detailed message when they call.

☐ Please contact me at work: (_______) _________-__________

- ☐ Provider can leave their name and phone number only when they call.
- ☐ Provider can leave a detailed message when they call.

☐ Provider can mail or email me information such as appointment reminders, and future clinical sponsored programs.

- ☐ Provider can mail information to my home address.
- ☐ Provider can mail information to my work address.
- ☐ Provider cannot mail information to my home or work address, except statements of my account.
- ☐ Provider 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 herby give permission to Provider, 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

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