

Central Coast Dermatology

215B Station Street Jacksonville, NC 28546

Phone: (910) 577-2334 Fax: (910) 577-2363

Communication Release

Please note: Your Signature is REQUIRED if you wish for *anyone other than yourself* to correspond with the doctor or our staff in regard to your care, your appointments, or your account status.

Patient Name: _____ Date of Birth: _____

Authorized Contact Name: _____

Relationship to Patient: _____

Contact Phone Number: _____

Authorized Contact Name: _____

Relationship to Patient: _____

Contact Phone Number: _____

Authorized Contact Name: _____

Relationship to Patient: _____

Contact Phone Number: _____

Signature

Date

Phone Release

I authorize CCD staff to leave messages on my phone concerning appointment date and time, as well as general messages from nursing staff. I understand that sensitive information of any kind will not be shared.

Signature

Date

_____ Patient refused to sign