



Hendersonville Obstetrics and Gynecology

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Patient Name: _____

DOB: _____ / _____ / _____

I give Hendersonville Obstetrics and Gynecology and their staff permission to call me, leave a message or email me for the purpose of notification of laboratory test results or appointment scheduling matters at the following:

_____ Home Telephone Number _____

_____ Work Telephone Number _____

_____ Cellular Telephone Number _____

_____ Other Number _____

_____ Email Address _____

Please check if we may contact you for appointment reminders. Text Email

I understand that this agreement is effective until changes are submitted in writing.

Print Name

Signature of Patient

Date