



**DuPage Foot & Ankle**

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**PHONE MESSAGE CONSENT FORM**

Your physician and other staff members will, at times, need to contact you. By filling out the information below, we will be better able to serve you.

UNLESS WE HAVE YOUR WRITTEN PERMISSION TO DO SO, WE WILL NOT:

- LEAVE MESSAGES WITH ANYONE EXCEPT THE PATIENT OR LEGAL GUARDIAN.
- LEAVE INFORMATION ON AN ANSWERING MACHINE
- LEAVE INFORMATION ON A VOICE MAIL

Please read below and consider, carefully, whom you want to have access to your medical information.

I, \_\_\_\_\_, give Dr. Donald Nichols and/or his staff my permission to leave phone messages regarding my medical care and test results with the following individual(s) and/or answering systems. I fully understand that this consent will remain in effect until revoked in writing.

My cell phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (initial)

My home answering machine/voicemail: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (initial)

My office/work voicemail: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (initial)

My medical care may be discussed with the following:

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Name	Relationship	Phone
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Name	Relationship	Phone
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\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date