

Carol L. Piatt, M.D., P.C.
10560 Main Street, Suite 415
Fairfax, VA 22030
703-691-3376

Patient: _____

Date of Birth: _____

Please indicate the methods we may use to contact you concerning your healthcare information such as appointment reminders, lab results, biopsy results, etc.

- You may contact me at home and leave a message. Phone # _____
- You may contact me at work and leave a message. Phone # _____
- You may contact me on my cell phone and leave a message. Phone # _____

Would you like us to give healthcare information such as appointment reminders, lab results and biopsy results to another person? Please check desired contacts.

Spouse: _____ DOB: _____

Parent or adult child: _____ DOB: _____

Secretary: _____ DOB: _____

Other: (name and relation to patient) _____ DOB: _____

Patient's Signature

Date

Parent/Guardian Signature

Date