

# Hunter Hammill MD

*Obstetrics and Gynecology*

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Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please Check the appropriate line below:

\_\_\_\_\_ It is ok to leave a message on my answering machine/ voicemail concerning results.

\_\_\_\_\_ Never under any circumstances leave a message or speak to anyone than me concerning my healthcare.

\_\_\_\_\_ It is ok to speak to the following people concerning my results/ healthcare in the event that I'm not available:

_____	_____
_____	_____
_____	_____
_____	_____

Please note that is form is good for up to 1 year of the date written below.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date