Weight Management
2235 Mayfair Avenue
Owensboro KY 42301
Phone (270) 688-1500
Fax (270) 688-1501

Patient Identification:

Name _____ Date of Birth _____

Communication with Family and Others Involved In Your Care

Please list any family members or others who may be involved in coordinating your care or payment for care. Also, indicate what kind of information may be shared with each individual.

NAME	RELATIONSHIP TO PATIENT	ALL	Scheduling/ Appointments	Medical	Billing/ Insurance

Specific Instructions or Limitations: _____

_____

We will continue to rely on the information on this form when communicating with family members or others involved in your care unless you request changes. Please promptly notify your physician's office if you wish to alter the designations above.

Signature of Patient or Legal Guardian: _____

Date: _____ Time: _____ _____
Relationship to Patient

To revoke this authorization, please send a written request to the address noted above.

If you have any questions, please call (270) 688-1500