



Murrieta Family Medicine
 Robert G. Peterson M.D. F.A.A.F.P
 24910 Las Brisas Road #121 – Murrieta, CA 92562
 Phone (951) 698-7550 - Fax (951) 698-1521

PATIENT CONTACT CONSENT

I, _____, hereby give my consent to Robert G. Peterson, M.D. and his staff to contact me regarding labs, x-rays, referrals and appointments

Please check all that apply

_____ Message with spouse/significant other- Their name: _____

_____ Mail- Address: _____

_____ Email- E-mail Address: _____

_____ Answering Machine / Voice Mail- Home / Work (**please circle**)

_____ Cell phone # _____

_____ Fax #: _____

_____ **DO NOT CONTACT ANYONE OTHER THAN ME PERONALLY**

NOTE: IF ANY DESIRED AREAS ARE NOT CHECKED OFF, WE WILL BE UNABLE TO PROVIDE YOU WITH YOUR MEDICAL INFORMATION THROUGH THAT MEANS OF COMMUNICATION.

 Patient Name (PLEASE PRINT)

 Patient Signature

 Date

Received by: _____
 Office Staff to sign