



MESSAGE CONSENT FORM

Please read the following carefully and initial what types of contact you agree to:

• It is okay to leave a detailed message at my home _____

• It is okay to leave a detailed message with the following people: _____

List name(s): _____

• It is okay to call me at work with results _____

• It is okay to email me with medical and appointment information _____

Email address: _____

My preferred method of contact is:

Home phone _____

Cell _____

Email _____

Signature

Date

Providence St Vincent
9155 SW Barnes Rd, Suite 830
Portland, OR 97225
P:503-292-1103 F:503-292-1433

Surgery Center at Tanasbourne
18650 NW Cornell Rd, Suite 212
Hillsboro, OR 97124
P:503-292-1103 F:503-292-1433

Good Samaritan, Bldg 1
2222 NW Lovejoy, Suite 522
Portland, OR 97210
P:503-292-1103 F:503-292-1433