

REQUEST FOR RESTRICTED COMMUNICATIONS



List any Health Care Providers that you DO NOT WANT your information sent to.

Indicate where we should contact you about information relating to your care (eg: appointment reminders/changes).

Contact me at any and all numbers available.

Contact me only at: _____

Indicate which address we can send correspondence to you at.

My home or place of residence as listed on my Patient Referral Form

Other, please specify: _____

Patient Initials and Date: _____

BODYWORKS' Staff Signature: _____

Date: _____

Signature of Witness: _____

Date: _____