

Southlake Oncology
1545 E. Southlake Blvd., Suite 280
Southlake, TX 76092
817-416-0202
Fax: 817-749-0369

Las Colinas Cancer Center
7415 Las Colinas Blvd., Suite 100
Irving, TX 75063
214-379-2700
Fax: 214-379-2750

PATIENT REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Patient Name: _____

Date of Birth: _____

Address to be used for all mailings regarding this encounter:

Preferred method of contact for upcoming appointments:

Telephone number: _____

Email address: _____

May we leave a message at the telephone number shown above?

_____ Yes Message with detailed information

Message with call back number only

_____ No

I authorize information regarding my medical condition be released to the following family members and individuals:

Patient Signature

Date