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PERMISSION FOR LEAVING MESSAGES

Dear Patient.

Soon we will be using a company that will be confirming our appointments with you.

There are three different ways in which we will be contacting you. Please let us know which you prefer we use. If we use your cell number, you will also get a text the morning of the appointment.

I, _____ give Ambulatory Foot Center PC permission to leave a message at my home or the number I indicate below.

Email _____

Home phone: _____

Cell phone: _____

Patient signature _____ Date _____