Palm Beach Dermatology
Oren Lifshitz, M.D.
10887 N. Military Trail, Suite 8
Palm Beach Gardens, FL 33410

Phone: 561-296-7546
Fax: 561-296-7545

Patient Contact Form

Patient:_____Date: _____

All calls regarding your care, test results, and appointments will be made to your home telephone number. If you would like us to contact you at an alternate telephone number, please indicate that telephone number here:

(_____)_____

Please Check One:

_____I hereby authorize this medical practice to contact me by telephone and if I am not present, they may leave a message on my answering machine.

_____Do **NOT** leave messages on my answering machine other than the name of the caller and the telephone number.

Other Contact Information:

The following people other than a guardian or conservator are authorized to discuss my medical condition or billing information with a healthcare professional in this practice:

_____

Name Relationship Phone number

_____

Name Relationship Phone number

_____

Name Relationship Phone number

_____

Patient signature Date

_____

Print name Phone number

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For office use only

_____

Signed form received by (please print) Date