

Babich Skin Care

Patient Contact Information

1. Please list the names of the people we may speak to regarding your condition.

_____ Name(s)
_____ No, I do not wish anyone but myself to be informed.

2. May we send correspondence from our office to your home?

_____ Yes
_____ No, please send to _____

3. May we leave messages, (including possible confidential issues) on your home answering machine or voicemail?

_____ Yes
_____ No, please call _____

_____ Date ___ / ___ / ___

Patient Signature

Please note that if any of this information changes, it is your responsibility to notify us of said changes. Otherwise, the information noted above will be the policy Babich Skin Care staff will follow regarding any of these matters.