

TLC Pediatrics, PA

"Where Kids Come First"

Patient Contact Policy

Child's Name: _____ Child's DOB: _____

I wish to be contacted in the following manner (check all that apply).

Home Telephone _____

Leave a message with call back number only

Written Communication

Mail to home address

Fax to this fax number _____

Work/Cell Phone

Leave message with call back number only

You may release information regarding my child to the following:

Name

Relationship to Patient

Name

Relationship to Patient

Name

Relationship to Patient

Parent/Guardian Signature

Printed Name

Date