

Gastroenterologists, LTD
Bucks County GI Endoscopic Surgical Center
1339 Woodbourne rd, Suite B101
Levittown, Pa 19057-1504

Patient Name: _____ Date of Birth: _____

Home Phone: (____) _____

The physicians and staff of Gastroenterologists, LTD and Bucks County GI Endoscopic Surgical Center have my permission to: *(Please check all boxes that apply)*

- Leave message at home with my spouse or Name _____
Relationship: _____
- Leave message on cell phone. Cell phone number: (____) _____
- Leave message at work. Work phone number: (____) _____
- Leave message on voice mail. Phone number: (____) _____
- Leave message on answering machine. Phone number: (____) _____

We appreciate 24 hours notice if you need to cancel an appointment.

The physicians and staff of Gastroenterologists, LTD and Bucks County GI Endoscopic Surgical Center may discuss my medical condition and/or history with: *(Please check all boxes that apply)*

- Husband _____ Wife _____
- Daughter _____ Son _____
- Sister _____ Brother _____
- Mother _____ Father _____
- Boyfriend _____ Girlfriend _____
- Significant Other _____ Other _____

Contact information can be changed at any time.

Signature: _____ Date: _____