



Oakbrook Terrace
 1s224 Summit Ave
 Suite #205
 Oakbrook Terrace, IL 60181

Glenview
 2300 Lehigh Ave
 Suite #210
 Glenview, IL 60026

www.periodontalmedicine.org
 (630) 627-3930

PATIENT CONTACT INFORMATION

Name: _____ **Date:** / /

I give my permission to be contacted on the phone numbers and/or email addresses listed below:

Home Phone: _____ Preferred contact
 Messages may be left regarding: Appointments Treatment Account Status

Cell/Mobile Phone: _____ Preferred contact
 Messages may be left regarding: Appointments Treatment Account Status

Work Phone: _____ Preferred contact
 Messages may be left regarding: Appointments Treatment Account Status

Email: _____ Preferred contact
 Messages may be left regarding: Appointments Treatment Account Status

Information regarding appointments/treatment/account status may be discussed with:

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

PHARMACY

Pharmacy Name: _____ Pharmacy Phone Number: _____

Pharmacy Address: _____

EMERGENCY CONTACT

In the event of an emergency, please list the names and telephone numbers of two individuals you would like us to contact:

Emergency Contact (primary)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact (secondary)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Patient Signature _____ Date: / /

Office use only

Reviewed and Witnessed by: _____ Position: _____ Date: / /

