

**PATIENT COMMUNICATION INSTRUCTIONS  
FOR THE PATIENT**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I hereby give my consent for Dr. Lee and the staff at the Family Fertility Center to contact me at the following phone number(s).

**Phone # 1** \_\_\_\_\_  home  work  cell  other \_\_\_\_\_

- yes  no, do not leave a message such as "Please call Dr. Lee's office"
- yes  no, do not leave on the voice mail or answering machine full details regarding my personal health information including but not limited to test results, medications, and other instructions.
- yes  no, do not leave full details regarding my personal health information including but not limited to test results, medications, and other instructions with the following individual(s)  
  
(name(s) of person and relationship) \_\_\_\_\_

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**Phone # 2** \_\_\_\_\_  home  work  cell  other \_\_\_\_\_

- yes  no, do not leave a message such as "Please call Dr. Lee's office"
- yes  no, do not leave on the voice mail or answering machine full details regarding my personal health information including but not limited to test results, medications, and other instructions.
- yes  no, do not leave full details regarding my personal health information including but not limited to test results, medications, and other instructions with the following individual(s)  
  
(name(s) of person and relationship) \_\_\_\_\_

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**Phone # 3** \_\_\_\_\_  home  work  cell  other \_\_\_\_\_

- yes  no, do not leave a message such as "Please call Dr. Lee's office"
- yes  no, do not leave on the voice mail or answering machine full details regarding my personal health information including but not limited to test results, medications, and other instructions.
- yes  no, do not leave full details regarding my personal health information including but not limited to test results, medications, and other instructions with the following individual(s)  
  
(name(s) of person and relationship) \_\_\_\_\_

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**Other Special Communication Instructions** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PATIENT COMMUNICATION INSTRUCTIONS  
FOR THE PARTNER**

**Partner Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I hereby give my consent for Dr. Lee and the staff at the Family Fertility Center to contact me at the following phone number(s).

**Phone # 1** \_\_\_\_\_  home  work  cell  other \_\_\_\_\_

- yes  no, do not leave a message such as "Please call Dr. Lee's office"
- yes  no, do not leave on the voice mail or answering machine full details regarding my personal health information including but not limited to test results, medications, and other instructions.
- yes  no, do not leave full details regarding my personal health information including but not limited to test results, medications, and other instructions with the following individual(s)  
  
(name(s) of person and relationship) \_\_\_\_\_

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**Phone # 2** \_\_\_\_\_  home  work  cell  other \_\_\_\_\_

- yes  no, do not leave a message such as "Please call Dr. Lee's office"
- yes  no, do not leave on the voice mail or answering machine full details regarding my personal health information including but not limited to test results, medications, and other instructions.
- yes  no, do not leave full details regarding my personal health information including but not limited to test results, medications, and other instructions with the following individual(s)  
  
(name(s) of person and relationship) \_\_\_\_\_

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**Phone # 3** \_\_\_\_\_  home  work  cell  other \_\_\_\_\_

- yes  no, do not leave a message such as "Please call Dr. Lee's office"
- yes  no, do not leave on the voice mail or answering machine full details regarding my personal health information including but not limited to test results, medications, and other instructions.
- yes  no, do not leave full details regarding my personal health information including but not limited to test results, medications, and other instructions with the following individual(s)  
  
(name(s) of person and relationship) \_\_\_\_\_

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**Other Special Communication Instructions** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_