www.familyfertility.com

H. Christina Lee, M.D., J.D., H.C.L.D., F.A.C.O.G. 95 Highland Avenue, #100 Bethlehem, PA 18017

Medical and Laboratory Director Telephone (610) 868-8600 Fax (610) 868-8700

PATIENT COMMUNICATION INSTRUCTIONS FOR THE PATIENT

Patient Name:	Date of Birth:
I hereby give my cons number(s).	ent for Dr. Lee and the staff at the Family Fertility Center to contact me at the following phone
Phone # 1	□ home □ work □ cell □ other
	leave a message such as "Please call Dr. Lee's office"
\square yes \square 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.
\square yes \square 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)
******	***************************
Phone # 2	□ home □ work □ cell □ other
	leave a message such as "Please call Dr. Lee's office"
\square yes \square 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.
\square yes \square 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)
******	************************
Phone # 3	□ home □ work □ cell □ other
	leave a message such as "Please call Dr. Lee's office"
\square yes \square 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.
\square yes \square 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)
******	**********************
Other Special Commu	unication Instructions
Patient Signature:	Date:

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PATIENT COMMUNICATION INSTRUCTIONS FOR THE PARTNER

Partner Name:	Date of Birth:
I hereby give my consumber(s).	ent for Dr. Lee and the staff at the Family Fertility Center to contact me at the following phone
Phone # 1	□ home □ work □ cell □ other
	leave a message such as "Please call Dr. Lee's office"
\square yes \square 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.
\square yes \square 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)
*******	*****************************
Phone # 2	□ home □ work □ cell □ other
	leave a message such as "Please call Dr. Lee's office"
\square yes \square 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.
\square yes \square 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)
******	*************************
Phone # 3	□ home □ work □ cell □ other
	leave a message such as "Please call Dr. Lee's office"
\square yes \square 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.
\square yes \square 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)
******	**********************
Other Special Commu	unication Instructions
Patient Signature	Date