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COMMUNICATION POLICY AND WAIVER

Recently enacted Federal Laws protecting a patient's privacy prevent us from sharing any information about your medical/dental condition without your authorization. Communication is a very important part of providing quality health care. In an effort to provide you with timely information regarding your health care, we ask that you complete this waiver.

We normally contact our patients between 8:00 a.m. and 5:00 p.m. Please provide the phone number that we should use to contact you.

_____ Home Work Cell

If we need to reach you outside these hours, what is the phone number that we should use to contact you?

_____ Home Work Cell

If you are unavailable at the time we contact you, may we leave a message about your appointment with another person? Yes No

If yes, who _____

May we leave a message concerning your appointment on voice mail or answering machine? Yes No

May we leave medical/dental information on voice mail or answering machine? Yes No

If you require premedication prior to your visit, may we leave a reminder on your voice mail or answering machine (at home or work)? Yes No

May we leave that reminder with another person who may answer the phone at your home or work? Yes No

PRINT NAME

Home Phone # () _____

Work Phone # () _____

Cell Phone # () _____

SIGNATURE