



PHYSICIANS' CENTER, P. A.

Family Medicine & Minor Emergencies

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*3721 Williams Dr.
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CHART/CONTACT AUTHORIZATION FORM

Please list anyone who is allowed to be present during your exam and/or medical treatment.

Please list any person(s) whom we may discuss your medical information with.

Which method of contact do you prefer from this office?

Home Phone _____

Cell Phone _____

Work Phone _____

Message _____

Message _____

Message _____

Fax _____

Mail _____

I understand all precautions are taken to protect my privacy. I will notify this office in writing of any changes to my contact information and authorization on this document.

Print Patient Name

Date

Patient/Guarantor Signature

Date