



# WOMEN'S MEDICAL CENTER, L.L.P.

OBSTETRICS | GYNECOLOGY | GYNECOLOGIC SURGERY

2000 W. 21st St., Suite A-1, Clovis | 575-762-8055 | [www.womensmedicalofclovis.com](http://www.womensmedicalofclovis.com)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

How may we contact you?

(Please check and fill out your contact information for all that apply)

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

VOICE MAIL/ANSWERING MACHINE

EMAIL: \_\_\_\_\_

Checking the above information gives Women's Medical Center, LLP permission to call you and/or leave a message. This also gives the doctor or representative permission to give you results via phone; we will not leave test results on a voice mail or answering machine without further permission.

Patient Signature: \_\_\_\_\_