



OBSTETRICS | GYNECOLOGY | GYNECOLOGIC SURGERY

2000 W. 21st St., Suite A-1, Clovis, NM 88101 | 575-762-8055 | www.womensmedicalofclovis.com

Date: _____

Name: _____ DOB: _____

Which of the following is your **preferred** contact?

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: _____