

ADVANCED DERMATOLOGY LASER & COSMETIC SURGERY

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NOTIFICATION PRIVACY FORM

As a courtesy to our patients, we remind and/or notify our patients about their upcoming appointments, biopsy results, and/or cosmetic procedures over the phone. If you do not wish for us to disclose this information to your relatives or leave a message on your answering machine, please, let us know how else we may contact you.

We may use your e-mail to inform you of news updates in dermatology or on special events offered in our office.

Please check if Agree _____

Please check if Disagree _____

If you do not give us other ways of notifying you, then we are going to use the information given on your PATIENT REGISTRATION FORM in order to contact you.

Method of Notification that you prefer:

_____ Home Phone: _____

_____ Cell Phone: _____

_____ Work Phone: _____

_____ E-Mail: _____

Your understanding and cooperation in this matter is sincerely appreciated.

Signature of Patient: _____

Date: _____