

TEXAS LUNG CENTER, P. A.

Please indicate the method of contact you prefer from Texas Lung Center, P.A.
(Please check all that are acceptable)

Call **HOME** Home phone: _____
 O.K. to leave a message
 DO NOT leave a message

Call **WORK** Work phone: _____
 O.K. to leave a message
 DO NOT leave a message

Call **CELL PHONE** Cell phone: _____
 O.K. to leave a message
 DO NOT leave a message

May leave a message with a family member

Name(s): _____

(Printed name of patient)

(Signature of patient)

(Date)