

DOCTOR'S CARE ASSOCIATES, LLC  
MICHAEL J. BAUM D.O.  
908 OAK TREE ROAD, SUITE L.  
SOUTH PLAINFIELD, NJ, 07080  
(908)757-6660/ FAX: (908)757-5332

Permission of Patient Contact:

Please provide at least two numbers where our office might contact you.

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

In the event we cannot contact you at either, may we leave a message on any of these numbers?

Home: yes \_\_\_ no \_\_\_    Cell: yes \_\_\_ no \_\_\_    Work: yes \_\_\_ no \_\_\_

Can we use US Postal Service to correspond with you? Yes \_\_\_ No \_\_\_

Please provide the name(s) of any person(s) that you would permit us to discuss your medical status.

Note: Due to privacy laws, we are not permitted to discuss your healthcare information with anyone not listed below.

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

Relationship: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Printed Name of Patient: \_\_\_\_\_

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