

DANIEL R. BOURQUE, M.D.

OBSTETRICS & GYNECOLOGY

PATIENT RECORD OF CONTACT

I would like to be contacted in the following manner (please list in order of preference)

1. Phone# _____ Home Work Cell Other (circle one)

_____ OK to leave a message with detailed information

OR

_____ Leave message with a call back number only

2. Phone# _____ Home Work Cell Other (circle one)

_____ OK to leave a message with detailed information

OR

_____ Leave message with a call back number only

3. Phone# _____ Home Work Cell Other (circle one)

_____ OK to leave a message with detailed information

OR

_____ Leave message with a call back number only

Patient Signature and/or Legal Guardian

Date of Birth

Date Signed