



Communication Consent Form (Family/Friend)

To provide you with optimum care, it is often beneficial to speak with close friends or members of your family about your case. To ensure your privacy, no communication with your family will occur without your explicit permission as noted below.

Name: _____ Relationship to you _____

Telephone: _____ *Your initials:* _____

Name: _____ Relationship to you: _____

Telephone: _____ *Your initials:* _____

Name: _____ Relationship to you: _____

Telephone: _____ *Your initials:* _____

Name: _____ Relationship to you: _____

Telephone: _____ *Your initials:* _____

By signing below, I hereby authorize Dr. Mary Fry, N.D. to discuss my medical case with the individuals noted above.

Name _____ *Date:* _____

Signature of Patient _____