

Consent for Patient Contact

Michael Curley, M.D.
Family Practice

Jada Ma, M.D.
Internal Medicine

Holly Rowe, F.N.P.
Family Nurse Practitioner

25109 Jefferson Ave., Ste. 100 · Murrieta, CA 92562
Tel (951) 698-0440 · Fax (888) 696-9780

I, _____, hereby give my consent for the physicians and staff at William H. Cherry, M.D., Inc. or with Dr. Michael Curley's clinic to contact me regarding appointments and confidential health information via (please check all that apply):

- Message with spouse / friend / caregiver: _____
- Mail
- Answering machine / Voicemail – home / work (please circle)
- Fax #: _____
- Cell phone #: _____
- E-mail address: _____
- DO NOT CONTACT ANYONE OTHER THAN ME PERSONALLY

Patient Name (please print)

Patient Signature

Date