CONTACT INFORMATION

How would you like us to contact you?

Please select any and all preferences below. Please be aware that we will never share your contact information with anyone, EVER!

I, ____do hereby allow MD Health Clinics and staff to forward messages and/or information by the following means selected below.

Email ____

Text Message ____

Voice Mail ____

Fax ____

US Mail ____

Patient Name: ____ Date: _________________

Signature: ____

MD Health Clinics
14591 Newport Blvd.♦ Tustin, CA92780 ♦
877.788.6342 phone ♦
949.274-8925 fax ♦