



SkinSmart
DERMATOLOGY®

ELIZABETH F. CALLAHAN, MD
WILLIAM B. ADAMS, MD

Release of Information

May we leave personal medical information on your cell phone? Yes No

May we leave personal medical information on your answering machine at home? Yes No

Do you give us permission to mail lab results to your home? Yes No

Do you give us permission for the office to discuss your medical information with Family members? Yes No

If yes, please provide their name and phone number below.

Name _____ Phone # _____ Relationship _____

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May we send text messages to your cell phone for appointment reminders? Yes No

Cell Phone # _____

Signature of Patient or Patient Representative

Date