



A Roswell Park Community Cancer Practice
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**UNDERSTAND PREVENT
 & CURE CANCER**

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Patient Communications

Patient Name _____ **Date of Birth** _____

I wish to be contacted in the following manner (check all that apply):

Home Telephone _____
 OK to leave message with detailed information
 Leave message with call-back number only

Work Telephone _____
 OK to leave message with detailed information
 Leave message with call-back number only

Written Communication
 OK to mail to my home address
 OK to mail to my work/office address _____
 OK to fax to this number _____

Alternate Contact _____

SIGNATURE: _____

DATE: _____