

**SCOTTSDALE NEUROLOGICAL CONSULTANTS**

**PATIENT COMMUNICATIONS SHEET**

**PATIENT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**THE FOLLOWING INSTRUCTIONS PERTAIN TO THE ABOVE NAMES  
PATIENT:**

\_\_\_\_\_ **OK TO CALL HOME AND LEAVE MESSAGES**

\_\_\_\_\_ **DO NOT CALL HOME PHONE**

\_\_\_\_\_ **DO NOT CALL WORK NUMBER**

\_\_\_\_\_ **CALL WORK NUMBER ONLY**

\_\_\_\_\_ **PERMISSION TO SPEAK WITH FAMILY MEMBERS**

**ONLY SPEAK TO FAMILY MEMBERS/FRIENDS LISTED BELOW:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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