



Neil T. Shmunes, M.D.  
Charles V. Duss, M.D.

Richard L. Simmons, M.D.  
C. Steven Lancaster, O.D., FAAO

## COMMUNICATION RELEASE FORM

I hereby give permission to Dr. \_\_\_\_\_ office staff to notify me by telephone of the following (check all they apply):

Yes  No  Appointment reminder, either by personal message or recorded message.

Yes  No  A message to call the office for test results (At no time will actual test results be left by message).

The individuals listed below are authorized to receive the above information on my behalf:

---

---

---

I understand this form is intended to guard my privacy and is not a release of general medical information.

\_\_\_\_\_  
Patient Signature (Responsible Party)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date