

Apply label or fill in
First Name _____
Last Name _____
Date of Birth _____
PHN _____

Zeidler Leducor Centre, 8540 112 Street NW
 Edmonton, Alberta, T6G 2X8, Canada

Consent to Contact

The Division of Gastroenterology at the University of Alberta is optimizing the way it communicates with patients.

In order to improve the efficiency of booking appointments and tests we will be contacting you via email or leaving messages on answering machines and cellular telephones.

All of our communications to you will be with the highest privacy possible. However, we want you to recognize that the privacy and security of email and telephone communication cannot be guaranteed.

By providing the information below you hereby authorize the Division of Gastroenterology staff to use your email address and/or telephone numbers for the sole purpose of corresponding with you to book appointments and/or tests.

We will not communicate results nor provide medical advice through email or telephone.

Please provide your phone numbers

Home	
Work	
Mobile	

Email: _____

Contact by email is preferable as it is the fastest and most reliable way of communication.

You understand you may revoke this consent, submitted in writing, at any time.

 Signature – Patient

 Printed – Patient Name

Date: _____

(For clinic use only) Initial _____

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