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Patient Communication Sheet

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

The following instructions pertain to the above named patient:

\_\_\_\_\_ Ok to call home/work/cell and leave message.

\_\_\_\_\_ Ok to send text messages/emails with appointment reminders

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number Email Address

**Please check one**

\_\_\_\_\_ **Permission to speak only with family members listed below:**

\_\_\_\_\_

\_\_\_\_\_ **Any family member.**

\_\_\_\_\_ **Do not speak to family members.**

Patient or responsible party signature: \_\_\_\_\_