

RENAL MEDICAL ASSOCIATES

James Ogradowski, MD
Lewis Holmes III, MD
Marcia Williams-Lyons, DO
Suresh Kumar, MD

Business Office:
Phone: (865) 637-8635
Fax: (865)637-4821

MESSAGE CONSENT FORM:

I, _____, give permission for Renal Medical Associates to leave any message regarding appointments, treatment information, and/or results with the following listed person(s):

1. Name: _____ Relationship to patient: _____
Phone: _____
2. Name: _____ Relationship to patient: _____
Phone: _____

____ Please initial here if it is okay to leave messages on answering machine/voicemail regarding appointments, treatment information, and/or results.

I understand that if I wish to change these permissions at any time I will need to notify the office and complete a new message consent form.

Patient/Patient Representative Signature

Date