



Racine Family Medicine Center
P.O. Box 548, Racine, WI 53401-0548
1320 Wisconsin Ave., Racine, WI 53403
262-687-5600

COMMUNICATION PREFERENCES

Communication requests made on this form may be accommodated **only** by the Racine Family Medicine Center. Other clinics where you are seen as a patient must be contacted separately to request communication preferences.

I wish to be contacted in the following manner (check all that apply):

HOME TELEPHONE _____

- O.K. to leave message with detailed information
- Leave message with callback number only

WORK TELEPHONE _____

- O.K. to leave message with detailed information
- Leave message with callback number only

WRITTEN COMMUNICATION

- O.K. to mail to my home address
- O.K. to mail to my work or office address

- O.K. to fax to this number _____

Signed: _____ Date _____

*Please let us know of any changes or updates to this information.
**This data will be considered valid unless revoked or changed by the patient.

Reviewed Dates: _____