



Patient Label

**I authorize St. Mary's Hospital Rehab Services Staff** to leave the appointment information (including dates, times, and provider's name) and/or follow-up inquiries at my home phone/alternate number:

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**Alternate Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_