

## Patient Contact Information

Irvine Plastic Surgery Center  
Donald Altman MD  
16300 Sand Canyon Ave., Suite 1011  
Irvine, California 92618

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

In the event Dr. Altman would like to contact you, please indicate which method of communication you would prefer.  E-mail  Phone  Either

Cell Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

*Disclaimer - our email is not secure or encrypted as such may not be HIPAA complaint.*

Do you authorize us to communicate with you using this email?  YES  NO

May we leave personal information using this email?  YES  NO

E-mail: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

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