

**Request to Communicate**  
**FMC Medical Clinic - Millport (MMC)**

I authorize the clinic indicated above to contact me regarding clinical services in the means provided below. These messages may include appointment reminders, schedule changes or other personal health information. I understand it is my responsibility to notify the clinic should this information change. I **understand I do not have to provide any of the communication sources.**

Home Phone:

You may leave a detailed message