

Request to Communicate
FMC Medical Clinic - Fayette (FMC)

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: _____
Ex: 123-456-7890

You may leave a detailed message

Cell Phone: _____
Ex: 123-456-7890

You may leave a detailed message

Work Phone: _____

You may leave a detailed message

