## 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.

communication s	sources.							
Home Phone:					You may leave a detailed message			
	Ex: 123-456-7890							
Cell Phone:					You may leave	a detailed r	nessage	
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