

Hillside Pain Management York Adams Pain Specialists

Patient Contact Preferences

Messages:

I give my consent to the Physicians and staff of Hillside Pain Management/York Adams Pain Specialist to leave messages or to discuss scheduling, treatment, billing, or other information regarding my treatment or promotional events within as follows:

- On voicemail at home
- On Voicemail at work
- Cell Phone _____
- Text _____
- E-Mail _____
- I do not consent to messages being left at home, work email or cell phone

Signature of Patient or Personal Representative

Date