



Patient Permission Form

I, _____ give Fixing Feet Institute permission to
leave a voice mail message at this number _____
Home / Cell / Work

I give permission for message's to be left concerning:
Check all that apply

_____ Appointment Issues

_____ Billing Issues

_____ Medical/Treatment Issues

The same information may also be given to the following persons:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Patient Signature

Date

Witness Signature