



Edgebrook Foot & Ankle Clinic
Dr. Pratibha Patel, DPM
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773-792-9302 (fax)

CONFIDENTIAL COMMUNICATIONS

Name of Patient: _____
(please print)

Date of Birth: _____

I request that all communications to me (by telephone, mail or otherwise) by Edgebrook Foot & Ankle Clinic/Dr. Pratibha Patel and/or her staff be handled in the following manner:

- For written communications: Address to: _____

- For oral communications: Home No. _____
May we leave a message?
Yes ☐ No ☐
Cell No. _____
May we leave a message?
Yes ☐ No ☐
- With whom can we leave message? _____
(Name of Authorized Person)

(Relation)
- Other communication method: _____

Patient Signature

Date

For Office Use Only: Accept ☐ Denies ☐

Privacy Officer Signature: _____

Date: _____