

REQUEST FOR WAYS OF COMMUNICATING WITH ME

This is an optional form, by law, I (Dr. Kent S. Rosengren) am required to offer this if you would like limitations on how I contact you. You are free to fill in any, all, or none of this information and return it to me at bodybasedminfulness@gmail.com:

1. Please telephone me only at the following number(s): _____

When you call please follow these directions: _____

Please do not call me at the following number(s): _____

2. Please direct all postal mail to this address:

Please do NOT send postal mail to this address:

Signature of client or personal representative

Date

Printed Name of client or personal representative

Relationship to client

Witness

Signature

Date
