



HECKER DERMATOLOGY GROUP, P.A.

3500 NE 5TH AVENUE
POMPANO BEACH, FL 33064
(954) 783-2323 FAX (954) 783-2321

WWW.HECKERDERM.COM

Please Complete the Following:

Name: _____

Email Address: _____

Best Phone Number to Reach You: _____

Best Way to Contact You? (Circle One)

For Biopsy/Lab Results:	Phone	Email
For Appointments:	Phone	Email

Whom may we give your Biopsy/Lab results to?

-Only to me: Initials _____

-My spouse:

Please specify name: _____ Phone#: _____

-My children/child:

Please specify name(s): _____ Phone#: _____

-My parent(s):

Please specify name(s): _____ Phone#: _____

-Legal Guardian*

Please specify name(s): _____ Phone#: _____

-Power of Attorney*

Please specify name(s): _____ Phone#: _____

***Doctors name(s):** _____ Phone#: _____

For Power of Attorney and Legal Guardian, appropriate written documentation must be supplied to this office before release of any protected healthcare information.

Would you like to receive monthly notification of email specials/discounts from Hecker Dermatology Group? (Circle One)

Yes No

Hecker Dermatology Group does not sell/lease emails. All information is strictly confidential.

Thank you.

Send pathology to Primary Care Doctor: _____ Date: _____ Initials: _____

For Office Personnel Only:

Nurse Initials: _____ Physician Signature: _____ Date: _____

M.A. Initials: _____ Reviewed By: _____ Date: _____