

# Hecker Dermatology Group, P.A.

To update our records, please complete the following form.

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Best phone # to reach you: \_\_\_\_\_

Best way to contact you? (Circle one)

For Biopsy/Lab:      Phone                      Email

For Appointments:      Phone                      Email

Whom may we give your Biopsy/Lab results to?  
(Circle all that apply)

-Only to me

-My spouse

-My children/child:

Please specify name(s): \_\_\_\_\_

-My parent(s):

Please specify name(s): \_\_\_\_\_

-Legal Guardian\*

Please specify name(s): \_\_\_\_\_

-Power of Attorney\*

Please specify name(s): \_\_\_\_\_

\*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** from Hecker Dermatology Group, P.A? (Circle one)

Yes

No

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

Thank you