

**SILVERBLATT MEDICAL ASSOCIATES**

The Center for Health and Longevity

8224 Mentor Avenue Suite #146

Mentor, OH 44060

Phone: (440) 290-8122

Fax: (440) 290-8051

**Patient Information Authorization**

What is the best phone number to contact you?

**Phone Number:** \_\_\_\_\_

May we leave a message? Yes No

Please list anyone that we may talk to on your behalf.

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

**Phone number:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

May we leave a message? Yes No

Please write any specific instructions for us about leaving messages.

\_\_\_\_\_

**Cancellation and No Show Policy:** You will be charged \$35.00 if you cancel within 24 hours or no show for your appointment.

**Print Name:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_