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Dear Patient,

I make every effort to get in touch with my patients in a timely manner. However, in the event that I am unable to reach a patient by phone, I would like to have a secure phone number with a voicemail where I may be able to leave a detailed message with confidential information.

Thank you for your understanding.

Patient name: _____ DOB: _____

Preferred number with voicemail: _____

Patient signature: _____ Date: _____

On occasion, a patient will give me permission to speak with a family member or close friend. Written permission is necessary from the patient before I can get in touch with the alternate contacts. To expedite that process, we ask that you please list below any other person that I can discuss your care with. Please keep in mind that the names of your doctors are not needed here.

Contact name: _____

Contact name: _____

Contact number: _____

Contact number: _____

Relation: _____

Relation: _____

Patient signature: _____ Date: _____

Thank you,

Yolandra L. Johnson, M.D.