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Within the Radiation Oncology Department at Capital Health at Hopewell, we understand that communication is an important part of the patient/health care provider relationship. To ensure that we get important information to our patients in a timely manner, we may need to leave a message on your voice mail, answering machine or with family members. You should be aware that other individuals who have access to your voice mail or answering machine may hear these messages. At home, this may mean that members of your family may hear these messages. At work, it may be that your employer will hear these messages.

PATIENT NAME: (please print): _____ **DOB:** _____

Please let us know on what number(s) we may leave detailed or brief messages.

Home _____ Detailed Brief

Cell _____ Detailed Brief

Work _____ Detailed Brief

You may also designate two people with whom we may discuss your condition and treatment.

_____	_____	_____
Name/Relationship	Phone Number	DOB

_____	_____	_____
Name/Relationship	Phone Number	DOB

Are you interested in receiving reminders or messages by Text Yes _____ No _____

 Cell Number

Mobile Phone Provider (AT&T, Verizon, etc) _____

Are you interested in receiving reminders or messages by E-mail Yes _____ No _____

Your e-mail address: _____