ORTHOPAEDIC ASSOCIATES
The Strength of Experience

Fort Walton Beach
1034 Mar Walt Drive
Fort Walton Beach,
FL 32547

Destin
36474C Emerald
Coast Parkway, Suite 3101
Destin, FL 32541

Niceville
554-D Twin
Cities Boulevard
Niceville, FL 32578

Crestview
5300 South Ferdon Boulevard
Crestview, FL 32536

Correspondence Authorization

I wish to be contacted in the following manner (check all that apply)

☐ **Home Phone** _____
☐ Leave message with detailed information
☐ Leave message with call back number only

☐ **Cell Phone** _____
☐ Leave message with detailed information
☐ Leave message with call back number only

☐ **Work Phone** _____
☐ Leave message with detailed information
☐ Leave message with call back number only

☐ **Written Communications**
☐ Can mail to home address
☐ Can mail to work address
☐ Can fax to this number _____
☐ Can email to the email address _____

☐ **Appointment Reminders**
☐ Home phone
☐ Cell phone
☐ Text
☐ Email

_____ _____
Patient or Legal Guardian if a minor Date

The patient's condition prohibits the individual from signing at this time. This information will be obtained as reasonably practical after the patient's condition improves.

_____ _____
Orthopaedic Associates Representative Date