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Date:

Name:

Dr. Farella and his staff would like to ensure that your consultation is a success and that your questions are answered. Therefore, please fill out the following information so that we may contact you at your convenience.

- **Best telephone number to reach you at:** _____
- **Best time of day/night to reach you:** _____
- **Would you like information sent home to you? Yes/No (circle one)**
- **Would you like to be contacted by e-mail? Yes/No (circle one). If yes, please provide us with your e-mail address:** _____

Thank you for your cooperation.

John F. Farella, M.D.