



CONCORD OB/GYN

The exceptional care you deserve

Jamie L. Bond, M.D.

COMMUNICATION CONSENT

Avra Jordano-Alter, M.D.

Vlassis Travias, M.D.

Date _____

Richard D. Rubin, M.D.

Christina T. Thomas, M.D.

Greta Fox, F.N.P.

I, _____, DOB ____ / ____ / ____ authorize

Jill S. Raisman, W.H.N.P.

Concord OB/GYN clinicians and staff to speak with and/or release
information about my medical care to the following contact of my choice. I
understand that I may revoke this consent at any time.

Contact Name – PRINTED

Contact Phone Number

Relationship to Patient

Patient Signature

Date