

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

## PERSONAL CONTACT INFORMATION

- 1) Please list a phone number at which staff can reach you to leave detailed medical/dental health information: \_\_\_\_\_
- 2) Would you like to opt in to receive reminders of your appointment by text message? Y\_\_ or N\_\_
- 3) If yes, please list cell phone number to receive text messages: \_\_\_\_\_
- 4) Please include your mailing address to receive important medical/dental health information:  
\_\_\_\_\_
- 5) Please list below the names and phone numbers of persons you wish to have access to medical records and/or receive messages regarding your detailed medical/dental health information:  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
- 6) **Emergency Contact:** Name: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 7) **Preferred Pharmacy Name:** Name: \_\_\_\_\_  
Location: \_\_\_\_\_
- 8) **Lab contracted with your insurance carrier: (circle one)** Quest Labcorp

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (Please print) \_\_\_\_\_

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