



Under the Patient Privacy Act we are requesting this form to update our files as well as ascertain your approval to provide future information on our services and the practice's activities.

It is our goal to keep all of our patients abreast of not only what is happening in our practice, but any advances in surgical treatments and advances in breast care that might benefit you or your family and friends. Also, visit our Web site at [www.MyBreastCareSpecialists.com](http://www.MyBreastCareSpecialists.com) to review our full Patient Privacy Policy. We also have a copy in our office for your convenience.

We thank you for completing this vital information for our records. If you have any questions please feel free to call our office at 949.770.0797

**Please Print**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Day Time Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
**Permission to leave detailed message (Please check one) Yes: \_\_\_\_\_ No: \_\_\_\_\_**  
 E-mail Address: \_\_\_\_\_

**Please circle below your preference for method(s) of contact.**

Mail                      Home Phone                      Day Phone                      Cell Phone                      Email

*I am interested in remaining on the patient contact list of Dr. Lisa Curcio and receiving information on new services and surgical advances, information on breast cancer, support groups, upcoming seminars and lectures that might benefit my family or me.*

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name