



## Customer Medical Contacts

Use this form to list customer's medical contacts. Remember confidentiality and store this document in a place where only the customer or staff can see it. Secure the customer's permission before filling this out.

<p><b>Customer Initials:</b> _____          Do not put customer's full name on this form.  <b>Date:</b> _____</p>	<p>_____ I do not want my medical contact numbers written down. (Have customer initial here if customer does not want this recorded.)</p>
<p><b>Medical Primary Care</b></p>	<p><b>Dental</b></p>
<p><b>Medical Advice</b></p>	<p><b>Other (specify)</b></p>
<p><b>Other (specify)</b></p>	<p><b>Other (specify)</b></p>
<p><b>Other (specify)</b></p>	<p><b>Other (specify)</b></p>
<p><b>Other (specify)</b></p>	<p><b>Other (specify)</b></p>