

TRACY G. BAGWELL, D.C.
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CONFIDENTIALITY RELEASE

As a patient of Dr. Tracy Bagwell's we call our patients from time to time.

Please mark which is an acceptable way that we may leave a message regarding appointments and other matters concerning you as a patient.

ANSWERING MACHINE _____

SPOUSE _____

FAMILY MEMBER _____ NAME _____

WORK _____

Please notify staff if there are any changes.

SIGNATURE _____

DATE _____