



MULTICARE HEALTH CENTER

3842-44 Harlem Avenue, Lyons, IL 60534
Phone#: (708) 442-3050 Fax#: (708) 442-3058

Primary Care Physician and Family Practice Physician Information

Patient Name: _____

Primary Care Physician or Family Practice Physician: _____

Address: _____

Phone: _____

May we share health information with your Physician?: Yes _____ No _____

This information is for the purpose of providing your Primary Care Physician or Family Practice Physician with your health information to better serve your needs. It is ultimately up to you if you wish for that information to be shared.

Signature: _____ **Date:** _____

Print Name: _____