

**Daniel J. Nadler, M.D.**  
**Amanda L. Cook, M.D.**  
**Jennifer R. Olbum, D.O.**  
**Mark E. Schmidt, O.D.**

I, \_\_\_\_\_ give permission to **Daniel J. Nadler, M.D. & Associates** to leave information on my answering machine/ voice mail. I understand this may pertain to medical information as well as appointments.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**I also give permission for the following people to be given information:**  
**(Please check all that apply)**

- Spouse
- Mother
- Father
- Children
- Grandparents
- Other, please list person(s) name(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## **\*Patient Portal Access**

**Please provide your email address for access to your electronic health record:**

\_\_\_\_\_  
**Email Address**