

NATHAN L LARSON, D.P.M.

BELLINGHAM FOOT AND ANKLE CLINIC



**Bellingham**  
FOOT & ANKLE CLINIC

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## Verbal Communications Consent

I, \_\_\_\_\_, allow the following people to talk with my health care provider, Bellingham Foot and Ankle Clinic, in regards to any scheduling, treatment, and after-care advice given in this clinic. I understand that they will have no access to my medical records chart and will only be granted verbal communication per my consent. I further acknowledge that this agreement is continuous unless otherwise noted by me.

- |                    |                         |
|--------------------|-------------------------|
| 1. _____<br>(Name) | _____<br>(Relationship) |
| 2. _____           | _____                   |
| 3. _____           | _____                   |

Patient Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_