

RED RIVER FAMILY PRACTICE, LLP

Michael E. Killian, M.D.

Cynthia Brinson, M.D.

J. Eric Lambeth, M.D.

Gary L. Wemtz, M.D.

Mary Bartz, M.D.

Steven B. Hutto, M.D.

EMERGENCY CONTACT FORM

Patient: _____ Dob: _____ Chart: _____

Personal Contact Info:

Home Address: _____

City, State, Zip: _____

Primary Ph# _____ - _____ - _____ Alternate Ph# _____ - _____ - _____

Emergency Contact Info:

1) Name: _____ Relationship: _____

Address: _____

City, State, Zip _____

Primary Ph# _____ - _____ - _____ Alternate Ph# _____ - _____ - _____

2) Name: _____ Relationship: _____

Address: _____

City, State, Zip _____

Primary Ph# _____ - _____ - _____ Alternate Ph# _____ - _____ - _____

I have voluntarily provided the above contact information and authorize Red River Family Practice and its representatives to contact any of the above on my behalf in the event of an emergency.

I choose Not to furnish any emergency contact information to Red River Family Practice at this time.

Signature: _____ Date: _____