



Roseburg Oncology, PC
Randy L. Moore, DO
Michael L. Brown, MS, MD
Scott R. Moore, PA-C

Due to increased healthcare rules and regulations, please list all parties involved in your care or payment of care to which we may speak to or leave a message with regarding your healthcare, appointment scheduling, and payment.

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

May we contact you at work? Yes No

May we leave a message on your answering machine? Yes No

Period for this consent is: From _____ to _____; **or**

Lifetime or until notified

By signing below, I consent to Community Cancer Center's disclosure of information about my healthcare, appointments and payment to the above-named parties.

Patient Signature Date

Printed Name