

# Ambulatory Foot Center

Podiatric Medicine and Surgery  
Adults and Children  
Foot Specialists

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## PERMISSION FOR LEAVING MESSAGES

I, \_\_\_\_\_ give Ambulatory Foot Center  
PC permission to leave a message at my home or the number I indicate below.

Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient signature \_\_\_\_\_ Date \_\_\_\_\_