The Heart & Vascular Center
OF SARASOTA

Permission For E-Mail Communication

I hereby authorize **The Heart & Vascular Center of Sarasota** to sent e-mail correspondence to me containing the following information:

1. Appointment information yes ( ) no ( )
2. Billing information yes ( ) no ( )
3. Medical information (Test Results etc.) yes ( ) no ( )

E-mail Address: _____

_____
_____

Patient Signature Date

_____

Patient Name (please print)