

VASCULAR AND ENDOVASCULAR CENTER OF WNY

Joseph M. Anain, Sr., MD, F.A.C.S

Paul M. Anain, MD, F.A.C.S.

Sara L. Eddy, MS, RPA-C

2121 Main Street, Suite 316

Buffalo, NY 14214

Vascular Surgery
Endovascular Surgery

Office: 837-2400
Fax: 837-3860

To ensure that your personal information is handled in an appropriate manner, we ask that you take a moment to review and complete the following information. This will be kept on file in your chart, and you may authorize changes as necessary. Thank you for your time and cooperation.

I _____ authorize Dr. Joseph M. Anain, Sr. and/or Dr. Paul M. Anain, and/or Sara L. Eddy, MS, RPA-C and/or their staff to contact me in the following manner(s):

_____ Message left on home answering machine/voice mail only

_____ Message left on work or cell phone voice mail only

_____ Information in the form of a telephone message or personal interaction may be given to spouse, child, or other party as follows (please indicate relationship to you, telephone number and method of notification authorized):

_____ Correspondence may be made via mail only

_____ I DO NOT wish to have information disclosed to anyone but myself

If you wish to have messages left for you on an answering machine, voice mail, or with another party, please indicate below as to how you wish to identify ourselves.

_____ Dr. Joseph Anain Sr./Dr. Paul Anain/Sara L. Eddy, MS, RPA-C office

_____ Doctor's office only (no name mentioned) with our telephone number

_____ I DO NOT wish to receive ANY telephone calls

_____ I DO NOT wish to receive any correspondence by mail