

# RESTON MEDICAL ASSOCIATES, LTD.

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*New Patient*

*Update*

Gwilym Parry, MD.

Tessa Cholmondeley, MD.

I wish to be contacted in the following manner (check all that apply):

The BEST number to reach me is: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Okay to leave a detailed message

Leave a message with call back number only

Work Phone: \_\_\_\_\_

Okay to leave a detailed message

Leave a message with call back number only

Cell Phone: \_\_\_\_\_

Okay to leave a detailed message

Leave a message with call back number only

Okay to leave details about my test results/appointments and/medical condition with:

My Spouse (name) \_\_\_\_\_

Other Family Member (name) \_\_\_\_\_

Written communication:

Okay to mail to my home address

Okay to fax to this number \_\_\_\_\_

Okay to send emails to \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_