

CONTACT PREFERENCES

HOW WOULD YOU LIKE TO RECEIVE APPOINTMENT REMINDERS?

Please include contact information for each member of your household.
Thank you!

Name of Patient _____

Phone _____ Email _____

I would prefer to receive appointment reminders by (check all that apply):
 Email Phone Text Message -phone # for text message _____

Name of Patient _____ Same information as above

Phone _____ Email _____

I would prefer to receive appointment reminders by (check all that apply):
 Email Phone Text Message -phone # for text message _____

Name of Patient _____ Same information as above

Phone _____ Email _____

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