

PATIENT NAME _____ DOB: _____

Patients in our practice may be contacted via email and/or text messaging to remind you of an appointment.

Please indicate your notification preferences below. These notification preferences only apply to automated messages from our office. Our staff may contact you via phone if an urgent matter requires your attention.

Include text messaging as a contact option Phone # _____

Include email as a contact option Email _____

Appointment reminders – we will contact your to reminder you about scheduled appointments.

Text

Phone

Email

Updates and announcements

Text

Phone

Email

Billing

Email

Phone

Text

Legal Guardian's Signature

Date