



COMMUNICATION PREFERENCES

Patient Name (please print): _____ Date of Birth: _____

Please provide the following numbers that you would like us to use:

Home Phone: _____ Work Phone: _____ Cell Phone: _____
(____) _____ - _____ (____) _____ - _____ (____) _____ - _____

E-mail: _____

Please note, if you supply a cell phone number and/or an email address, you will receive appointment reminders through these methods. You may later opt-out of them if you wish.

What are your preferred communication methods? Check all that apply Email Phone Text

Other family members who you would like to include with this e-mail or text

To best serve you, please let us know the days and/or times that are the best to contact you (Check all that apply):

WEEKDAYS: Mornings Afternoons Evenings
WEEKENDS: Mornings Afternoons Evenings

Authorization

I understand I may notify the doctor's office at any time of changes to this request, which would require a new form and authorization to be completed.

Signature

Date