



## COMMUNICATION INFORMATION

Communication is a very important part of providing quality health care. In an effort to provide you with information, we may contact you to provide appointment reminders, information about treatment or other health related services.

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

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

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

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

Email: \_\_\_\_\_

Which number do you prefer to be contacted at?    *Home*    *Work*    *Cell*    *Email*    (please circle one)

Would you like to receive an appointment confirmation by Email?    *Yes*    *No*    (please circle one)  
(please remember to confirm the email)

Would you like to receive appointment reminders by Text Messaging?    *Yes*    *No*    (please circle one)  
(please remember to confirm the text message)

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

*(please print)*

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

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

**\*\* This information will not be shared with any one\*\***