

In order to better serve you we will be contacting patients electronically for appointment confirmation.

Please indicate your preferred method to be contacted.

<b>PATIENT NAME:</b> _____
<input type="checkbox"/> HOME PHONE _____
<input type="checkbox"/> TEXT CELL _____
<input type="checkbox"/> EMAIL ADDRESS _____

In order to better serve you we will be contacting patients electronically for appointment confirmation.

Please indicate your preferred method to be contacted.

<b>PATIENT NAME:</b> _____
<input type="checkbox"/> HOME PHONE _____
<input type="checkbox"/> TEXT CELL _____
<input type="checkbox"/> EMAIL ADDRESS _____