



NEW PATIENT FORM - APPOINTMENT NOTIFICATIONS

Information changes frequently for all of us. This form will let us know about your contacts, information, and preferences for notifications. Please write neatly so we get the information correct.

Name: _____ **DOB:** _____ **Date Today:** _____

Current Phone Number: _____

Secondary Number (in case we can't reach you): _____

Current Email: _____

Do we have your **permission to email** you and send reminders for appointments?

Yes No

Do we have your **permission to text** you and send reminders for appointments?

Yes No

Signature: _____