

## PATIENT INFORMATION UPDATE

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

In an effort to improve communications with our patients, we have recently implemented a new appointment reminder system. This new system allows us to deliver appointments, recalls reminders via voice, e-mail and text message to your cell phone.

It is important that we update our records with your current contact information to get full benefit of this new technology and improve patient care. Please take a few minutes to complete this form to allow efficient and timely communication with you.

We take the privacy of your information very seriously and will not share this with others. You always have the choice to select what level of detail to provide. If at any time you wish to change or remove any contact information, please notify the office.

What is your Preferred Contact Method to confirm your appointments? (please check one):

- No preference (Email and Voice):
- Home Phone only:
- Work Phone only:
- Cell Phone only:
- Email message only:
- Text Message only:

Would you like message delivered in Spanish? Yes \_\_\_

HOME PHONE: ( ) -
CELL PHONE: ( ) -
CELL PHONE CARRIER NAME:
WORK PHONE ( ) -

Please mark the best number to reach you. Home:  Cell:  Work:

Increasingly, we will need to contact you by email, so please provide us with a current and effective email address that you check regularly.

E-mail:
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I authorize the use of this information for the purpose of delivering appointment, recall reminders and other office related calls.

Signature:	Date:
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