



Patient Communication Preferences

As our patient, we may need to communicate with you when you are not in the office. To assure your privacy, we would like you to indicate the preferred method of communication for each item.

Item	Call	Text	Email	Mail
Appointment Confirmation				
Billing Statements		N/A	N/A	
Cleaning Reminders				

Patient Name: _____

Cell Ph: _____ Home Ph: _____

Email: _____

Address: _____