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**Contact Preferences**

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

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

Account Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Please circle your preferred method of contact for the following (you may select as many options as you like):**

1. **Health notifications:** Email Phone Text Message
2. **Appointments:** Email Phone Text Message
3. **Announcements:** Email Phone Text Message
4. **Billing:** Email Phone Text Message

**\*\*For text messages, our office staff will need to send you a text message, which you will reply YES and this will set you up to receive Text Messages.**

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For office use only:

Entered in EMR by: \_\_\_\_\_ on \_\_\_\_\_.