



We invite you to participate in our online system. Features include:

Request Appointments Online

Confirm Appointments via Email

Receive Text Message Appointment

Submit Patient Satisfaction Surveys

Reminders

Refer Friends Online

Email & Text Opt-in Agreement

First name _____

M.I. _____

Last name _____

Date of birth _____

Address

Home phone _____ Cell phone _____

Email Opt-in

More than 70% of patients say reminders help them remember an appointment.

____ YES, I would like to receive email correspondence for appointment follow-ups, reminders, and patient education information.

Email address _____

____ NO THANK YOU, I would NOT like to receive email correspondence for appointment follow-ups, reminders, or patient education information.

Your information is strictly to help us provide better quality care and is not shared with anybody else. You may Opt-out at any time.

Text Opt-in

____ YES, I would like to receive appointment reminders by having a text message sent to my cell phone within 24 hours of my appointment.

____ NO THANK YOU, I would NOT like to receive appointment reminders by text sent to my cell phone within 24 hours of my appointment.

Signature _____ Date _____

Your information is strictly for this purpose and not shared with anybody else. You may Opt-out at any time.