



COMMUNICATION PREFERENCE FORM

Location: Apopka

Patient ID: _____

Patient Name: _____ Billing Party Name: _____

Appointment Confirmations are a courtesy service we provide to all our patients. Please help us by filling out the following information so we can contact you in the most convenient way possible for this.

Appointment Confirmation Method: Please choose one option.

_____ Phone Call at Phone # (_____) _____ Home _____ Work _____ Cell

_____ Text Message (Cell Phone only) at Phone # (_____) _____

Email address _____

**Please note that you will automatically be enrolled in Email Appointment Confirmations but you can opt out through the link in the email confirmation at any time.*

We will send you an appointment reminder by phone and/or email 1 business day before you/your child's appointment and/or a text message 24 hours as well as 1 hour beforehand. Please click on the confirm appointment button to let us know that you have received the email.

Please be aware of our cancellation policy: Office Cancellation Policy requires that you give us a minimum of 24 hours notice for all appointments as your appointment time has been specifically reserved for you. By giving us this notice, you will avoid being charged a \$35.00 missed appointment fee.

Billing/Financial Communications Method: Please choose one option

_____ Standard Mail at Mailing Address _____

_____ Email at Email address _____

_____ Both Standard mail and Email

Signature: _____ Date: _____

PLEASE NOTE: The personal information you provide is strictly confidential and for in-office use only. All privacy rules are strictly maintained.