

## PATIENT CONTACT SHEET

This contact sheet gives us permission to call you regarding upcoming appointments, leave detailed appointment information and possible reminders about appointment medications.

We will also use these numbers to contact you about schedule changes and emergency information.

Leave only the numbers that you wish to be contacted at:

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

Home phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Cell phone or pager number: \_\_\_\_\_

Any personal instructions for our business staff: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PLEASE NOTE:

We will do our utmost to contact and remind you of your appointments.

Kindly give 48 hour notice for cancellations.

THANK YOU