

PATIENT NAME _____

Our office will normally try to contact you to confirm your appointment the day before. What is the **BEST** way for us to contact you?

To Confirm Appt: Home phone: _____

Work phone: _____

Cell phone: _____

Pager number: _____

E-mail Address: _____

In case we need to call you to change your appointment, (if the doctor or hygienist is sick or they have an emergency themselves) what is the **PREFERRED WAY** to reach you?

SAME DAY: Home phone: _____

Work Phone: _____

Cell phone: _____

Pager Number: _____

E-mail Address: _____

