Appointment Check-In Form

Appointment Time Today: _____ Arrival Time: _____

First Name: _____ Last Name: _____

We are now making greater use of e-mail to communicate with our patients. To help us provide the most prompt service possible, please enter your current e-mail address below:

NOTE: All patient information is kept strictly confidential. Your address is NEVER shared.

If we have something important to tell you or we can't contact you otherwise, would you like a text message sent to your cellular phone? No___ Yes___ Cell Ph:_____