

COMMUNICATION FORM

Patient Name: _____

Please tell us the telephone number(s) we may use to contact you for appointment reminders, yearly reminder, and to advise you when your glasses/contacts have arrived at the office.

Home () Work () Cell () _____

Home () Work () Cell () _____

Home () Work () Cell () _____

Is it ok for us to leave you a text message on your cell phone? _____ Yes or _____ No

Is it ok for us to leave a voice message on your phone? _____ Yes or _____ No

Email Address: _____ @ _____
(please print clearly)

Is it ok for us to email you? _____ Yes or _____ No

Has your Home Address Changed? _____ Yes or _____ No

New Address: _____

Emergency Contact Only: _____

Phone #: _____ Relation to you? _____

Patient/Parent Signature

Date