

# 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:

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**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 Phone \_\_\_\_\_