

Wellness First will be providing appointment reminders for our patients. Please let us know the best method of contacting you is.

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

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

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I do not wish to be contacted for reminder calls \_\_\_\_\_ (please just check)

Wellness First has my permission to contact me on the above noted phone number.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date