



LEGACY HEALTH CLINIC

Nell Klein, FNP-BC • Jessica Pilcher, ANP-BC • Sarah Bass, FNP-C

PATIENT NAME: _____ DOB: _____

APPOINTMENT REMINDER AUTHORIZATION FORM

Please indicate below which way(s) you would like to be reminded:

EMAIL

I, _____, authorize Legacy Health Clinic, LLC to send Appointment Reminders electronically via Email to the following email address.

EMAIL ADDRESS (please print clearly):

TEXT MESSAGE

I, _____, authorize Legacy Health Clinic, LLC to send Appointment Reminders electronically via text message to my mobile phone. I understand that this service is offered free of charge. However, standard text messaging rates from my mobile carrier may apply. Please activate text message reminders for the patient/mobile phone number:

MOBILE#:

MOBILE CARRIER:

VOICE MESSAGE

I, _____, authorize Legacy Health Clinic, LLC to contact me for Appointment Reminders via voice messaging. If I am unavailable to answer the telephone, I give Legacy Health Clinic, LLC, permission to leave a message on my answering machine or with the person answering the telephone.

TELEPHONE#:

(Circle One)

YES NO Legacy Health Clinic, LLC may contact me at work to reschedule appointments or confirm existing appointments.

WORK TELEPHONE#:

Patient Signature: _____ Date: _____

OR

Parent/Legal Guardian Signature: _____ Date: _____