



Contact Form

Patient Name: _____ Patient Date of Birth: _____

Given the amount of time and preparation to coordinate two separate offices, it is immensely important both offices can get in contact with you prior to the appointment please provide TWO separate phone numbers in addition to your main contact number. If any of the numbers below change prior to the scheduled appointment, please contact the office to update them immediately.

Main Contact name: _____ Phone Number: _____

Second Contact name: _____ Phone Number: _____

Third Contact name: _____ Phone Number: _____

****YES, you need to provide THREE different contacts****

If either office is unable to get a hold of you four days prior to the schedule appointment your appointment will be cancelled. **NO EXCEPTIONS.** It is our utmost priority to contact and appropriately prepare patients and parents for the appointment. Please note if your case is Fee-for-service your deposit will **NOT** be refunded for lack of communication. Your signature below indicates your understanding and acceptance to this policy.

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Please print name: _____ Relationship: _____

Patient/Guardian Signature: _____ Date: _____