

Please indicate your preferred method of communication. This for the purposes of appointment reminders. Provide the correct email or phone number for this purpose. Inclusion of this information indicates your approval of this contact method.

Email: _____

Home phone: _____

Mobile Phone/text: _____

The State of Texas requires that all providers consult the Texas Prescription Monitoring Program prior to prescribing any controlled medications. Reconciliation of medications will be performed at each visit to confirm that the current medication list is accurate. This will involve reviewing prescription history. Sign below to acknowledge this information.

Patient Name: _____

