



# BROADWAY HEIGHTS DENTAL

## Reminder Preferences

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

I give my consent to Broadway Heights Dental to remind me of future appointments in the following ways.

Please check all that apply and note that if the appointment is confirmed within one week of the appointment date, we will not continue to send reminders.

EMAIL – Please send me email reminders of my appointments.

Your email: \_\_\_\_\_

TEXTS – Please send me text reminders of my appointments.

PHONE CALL – Please call me to remind me of my appointments.      Voicemail? Y / N

The information may also be used to communicate with you regarding your treatment.

---

Patient signature

Date