

Patient Communication Preferences for Appointment Reminders

Date: [Insert Date]

Dear [Patient's Name],

We want to ensure that your experience with our practice is as convenient as possible. To do this, we would like to confirm your preferred communication methods for receiving appointment reminders.

Please indicate your preferences:

- Email: Yes No
- Phone Call: Yes No
- Text Message: Yes No

Preferred Contact Information:

Email: [_____]

Phone Number: [_____]

Thank you for your assistance in helping us accommodate your preferences. If you have any questions or would like to update your preferences at any time, please contact us at [Practice Phone Number].

Sincerely,

[Your Name]

[Your Title]

[Practice Name]

[Practice Address]

[Practice Phone Number]