

Patient Communication Preferences

Date: **[Insert Date]**

Dear **[Patient's Name]**,

We hope this message finds you well. As we continue to provide you with the best possible care, we would like to understand your preferences regarding communication for your follow-up care instructions.

Communication Preferences

Please indicate your preferred method of receiving follow-up care instructions:

- Phone Call
- Text Message
- Email
- In-Person Visit

Additionally, please let us know your preferred times for these communications:

[Morning/Afternoon/Evening]

If you have any other preferences or requirements, please feel free to share:

Thank you for taking the time to inform us about your communication preferences. We are committed to ensuring your follow-up care is as comfortable and effective as possible.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Contact Information]