



**NIRVANA SPORTS MEDICINE AND REHABILITATION SERVICES, LLC**  
**PREFERRED CONTACT INFORMATION**

I understand that Nirvana Sports Medicine and Rehabilitation Services, LLC will contact me for various reasons during my treatment and admission. In doing so, I prefer to be contacted in the following methods: (Check all that apply)

**Home Telephone**

- OK to leave message with detailed information
- Leave message with call-back number only
- OK to leave message with family members or other persons living in the same household

**Work Telephone**

- OK to leave message with detailed information
- Leave message with call-back number only
- OK to leave message with secretary, assistant, or other individual who regularly answers the phone

**Cell Telephone**

- OK to leave message with detailed information
- Leave message with call-back number only
- OK to send Text-Message with detailed information (for appointment reminders)
- Cell Phone Carrier is \_\_\_\_\_

**Email (Please specify email address)** \_\_\_\_\_

- OK to send message with detailed information (for appointment reminders)
- I would not like to be contacted via email
- Cell Phone Provider is \_\_\_\_\_

**Other Method:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date