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Name: _____

Cell Phone: _____

Mailing Address: _____

Pharmacy & Location: _____

Emergency Contact Name & Number: _____

Their relation to you: _____

(Only Circle One)

I wish to receive appointment reminders via **text, phone call, email**

****Only fill out 1 of the 3 choices below for your reminders****

1.) If you chose email: _____

2.) If you chose phone call: _____

3.) If you chose text, please include your cell phone number as well as your phone carrier below. (For example, AT&T, Verizon, Sprint, T Mobile)

Cell Phone to text: _____

Cell Phone Carrier: _____

