**PATIENT NOTIFICATION PREFERENCES**

**How do you prefer to be contacted? Please mark preferences and list phone numbers**

 Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a location we should *not* call? Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact you by email? If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission to Pinnacle Dermatology, LLC. to notify me by telephone of the following:

* Appointment reminder, either by personal/recorded message or text
* A message to call the office for test results (actual result will not be left)
* If results are benign, a message will be left, stating no further treatment would be needed and to keep any advised follow up as recommended by your provider

I hereby give permission to Pinnacle Dermatology, LLC to notify me by email of the following:

* Appointment reminder
* Newsletters, including marketing promotions

The duration of this authorization is indefinite unless otherwise revoked in writing.

Signature Date

Print Name Date of Birth