

**East Tennessee Pediatric Cardiology, P.C.**

**Reminders and Test Results**

We may contact you with appointment reminders by telephone, voicemail, text, email, or postcard.

Is this policy acceptable to you?     YES                     NO

What is your email address? \_\_\_\_\_

If not acceptable, how do you wish to be contacted for upcoming appointments?

\_\_\_\_\_

\_\_\_\_\_

**Please note:**

If you are unable to make it to your scheduled appointment, please notify our office immediately. You may leave a message after hours. Your cooperation with this matter is greatly appreciated. Thank you.

**Test Results**

May we leave test results and simple messages: (check all that are "OK" with you)

On your home phone/answering machine/voicemail (if so, what number is best?) \_\_\_\_\_

On your cell phone voicemail (if so, what number is best?) \_\_\_\_\_

Text on your cell phone (if so, what number is best?) \_\_\_\_\_

On your email (if so, what is your email address?) \_\_\_\_\_

With a family member (if so, please specify whom and phone number) \_\_\_\_\_

Signature (patient/parent/legal guardian): \_\_\_\_\_ Date: \_\_\_\_\_