Appointment Confirmation Method

In order to accommodate our patients and utilize current technology please indicate below which method would you prefer to confirm appointments. This information will not be shared with anyone and would only be used for communication to Complete Health Dental Care patients.

Thank you

PLEASE PRINT-	iviark the b	est option to	r you
○ Email·			

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0	Text Message:	 	
0	Personal Phone Call:		
Date	::		
Sign	ature:	 -	
Print	t Name:		