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NOTIFICATIONS PREFERENCES

We value your wishes regarding how our offices communicates with you regarding confirmation of upcoming appointments. Please check your preferences below.

_____ I prefer the office staff to contact me (rather than through automated system)

_____ I prefer email reminders sent to: _____

_____ I prefer text reminders sent to: () - _____

_____ I prefer an automated voice message

Patient signature: _____ Date: _____

Printed name: _____

Thank you.

Dr. Adeline Yuh