

Life Is Good Chiropractic

PREFERRED COMMUNICATION FORM

In an effort to communicate appointment settings, rescheduling and office closures with greater ease and efficiency, **please tell us your preferred method of contact**
(please check all options according to preference)

Name: _____ PM#: _____

<u>OPTIONS</u>	<u>FIRST CHOICE</u>	<u>SECOND CHOICE</u>	<u>THIRD CHOICE</u>	<u>NOT AVAILABLE</u>
<u>HOME</u> #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>CELL</u> #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>**TEXT</u> #: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>E-MAIL</u> Address: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>FACEBOOK</u> User Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Carrier: Please Circle One (Carrier information for texting capabilities only)

AT&T Nextel Sprint T-Mobile Verizon US Cellular Virgin Mobile
(Cingular)
Other _____

Should your preference change at any time, please let us know!!!