

JOSEPH M. CROW, D.M.D., P.C.
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MOBILE, AL 36608
(251)342-4926

CONTACT QUESTIONNAIRE

PATIENT: _____ DOB: _____

We are implementing a new system that allows us to better communicate with our patients. By filling out this questionnaire; you will be assisting us in customizing the method of communication used to meet your needs and requests.

- Please circle your preferred contact methods and write in the appropriate Phone number or email address. (Please choose ONE)
 - Phone Call Phone # _____
 - Text Phone # _____
 - Email Email : _____
 - Does this contact method apply to any other patient in your family?
(wife, child, husband, etc.) If so, please list the Patient's name and DOB:

Our automated system will contact you, by the preferred method in the following manner:

1. A confirmation request (3) business days before your appointment.
2. If you do not confirm or cancel via the automated system, a member of our staff will personally contact you to verify your plan to attend your scheduled appointment. (Please keep in mind, our cancellation policy requires (24) hours advanced notice, so that we may fill the allotted time on our schedule. Otherwise, a \$25 missed appointment fee may be charged.)
3. Occasionally, you may receive a text regarding appointments, schedule changes, treatment plans and copays. We are able to communicate via text if you choose to respond.
* (In compliance with *HIPAA* - Patient treatment, personal & financial information will *ONLY* be discussed via text, when requested and approved by the patient.)

We appreciate your patience and understanding while we are striving to improve our communication methods, in order to meet each patient's needs.