Appointment Check-In Form

Appointment Time Today: Arrival Time:
First Name: Last Name:
We are now making greater use of e-mail to communicate with our patients. To help us provide the most prompt service possible; please enter your current E-mail address below:
NOTE: All patient information is kept <u>STRICTLY</u> confidential. Your address is <u>NEVER</u> shared.
Would you like to receive text messages on cellular phone for appointment reminders, important messages, or products available for pick-up? NoYes Cell Phone Number:
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