RIDGEVIEW EYE CARE

CURRENT PATIENT UPDATE FORM

Date: _____

Name: _____

Home Phone:_____ Office:_____Cell:_____

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.

E-Mail: | | | | | | | | | | | | | | | | | | | | | | |

NOTE: All patient information is kept strictly confidential. Your address is NEVER shared.

If we have something important to tell you or we can't contact you otherwise, would you like a text message sent to your cellular phone? NO___ Yes ____ cell ph: _____

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