

The Center for Mindful Exploration
Susan Marshall, LPC
Appointment Reminder/ Confirmation

Patient Name: _____

DOB: _____

Social Security #: _____

Please indicate how you would like to be reminded of your upcoming appointment

Circle:

Phone or Text

Please provide the number for your reminder:

I hereby give the authorization for the aforementioned means of
contacting to remind me of my upcoming appointments with

Susan Marshall, LPC.

If you would like access to the patient portal to check your
appointments, please provide your email address.

Patient's Signature _____

Date _____