

The Center for Mindful Exploration  
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 **phone number** for your reminder:

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_  
Patient's (or legal guardian) Signature

\_\_\_\_\_  
Date