

# ROSENTHAL OPTOMETRIC

## PATIENT INFORMATION UPDATE

### PLEASE PRINT

#### Best # to Contact You

Phone: Home: \_\_\_\_\_

Phone: Daytime: \_\_\_\_\_

Phone: Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Preferred method of contact:**     E-mail     Text     Cell Phone     Home Phone

We now have an automated system that will remind you of your upcoming appointments!  
The system can text, call your home phone and email you! Please make sure, to check  
appropriate box of preferred method of contact.

#### **Whom may we discuss your medical care?**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

City: \_\_\_\_\_

Primary Medical Doctor: \_\_\_\_\_

City: \_\_\_\_\_