

Contact Preferences Form

Unless you indicate otherwise, Smart Eye Care's primary method of contacting you will be by email or text. You have the right to specify that we contact you by alternative means or at alternative locations. Your written request will be in effect until and unless you notify Smart Eye Care in writing of a change.

I prefer to be contacted in the following manner:

- By phone when possible (you can leave a detailed message | please only leave basic information)
- By text when possible
- Use my Patient Portal when possible (we will contact you by phone with your login information)
- By USPS when possible (please note that Smart Eye Care is not responsible for mail delivery delays or failures)

Cell Phone Contact: _____

Home Phone Contact: _____

Email Address Contact: _____

Mailing Address Contact: _____

Print Name: _____

Signature: _____ Date: _____