

Pima Eye Institute, PC

Current Primary Care Physician: _____

Current pharmacy with crossroads: _____

Emergency Contact: Name & Relationship to the patient:

Name: _____

Relationship: _____

Phone#: _____

Permission to release health information to: _____

Name/Relationship/Phone#: _____

Preference for Appointment reminders:

**We are excited to announce that we have switched over to an automated
Appointment reminder system!**

Home Phone Number: # _____
(We will leave an automated Voicemail if VM is available).

Mobile Phone Number: # _____
(TEXT or CALL)

Email Address: _____

Please circle your preferred method of contact below:

Primary method: Home Phone or Mobile Phone or Email

Back up method: Home Phone or Mobile Phone or Email

***If we are unsuccessful at reaching you at your Primary method contact, we will do a
second attempt to reach you at your back up method.***

Thank you! Pima Eye Institute