

RHEUMATOLOGY & OSTEOPOROSIS CENTER OF MEMPHIS, P.C.

Patient Name: _____ Date of Birth: _____

Race: _____ Language Spoken at Home: _____

Ethnicity: _____ Hispanic or Latino
_____ Not Hispanic or Latino
_____ Unknown/Not Reported

Primary Care Physician: _____ Phone Number: _____

Preferred Pharmacy Name: _____ Phone Number: _____

Our Reminder Service is used to send appointment reminder messages. Please select your PREFERRED contact method below and confirm your contact number. Please note that NO PERSONAL HEALTH INFORMATION WILL BE SENT WITH THESE MESSAGES. Please choose at least one method below:

_____ Home Phone (LANDLINE) Voice Reminder Home Number: _____

_____ Cell Phone Voice Reminder* Cell Number: _____

_____ Cell Phone SMS Text Reminder* Cell Number: _____

**Completing and signing this form authorizes ROCM to communicate appointment reminders via cell phone voice reminders and/or cell phone SMS text.*

PATIENT PORTAL REGISTRATION

Our office utilizes a Secure Patient Portal, an online website where you can access your health information and securely communicate with our office to request appointments, prescription refills or send messages to office staff. This is a secure website where Personal Health Information MAY be transmitted to/from our office.

My email address is: _____

Signature

Date