

No more phone calls!

Confirm your appointments by text or email!

See below for details.



Date: _____

Our office is now able to send email and text messages to patients to confirm appointments! This is a great tool for our patients to utilize when a phone call isn't possible. However, we understand that some patients prefer to simply be called.

Please indicate if you would like to receive email and text message appointment confirmation and reminders from our office. If so, please provide us your cell phone number and/or email address.

As always, we will never share your cell phone and email information with any 3rd party companies.

Now you can view your appointments and make payments on-line. To learn more go to www.MyReachPortal.com

Email address: _____

Yes, I would like to receive a text message confirmation.

Printed name: _____

No, please do not text me regarding my appointments.

Signature: _____

Cell phone number: _____

Parent/Guardian: _____

Yes, I would like to receive email appointment confirmations.

Please check any additional information you would like to receive via email/text.

No, please do not email me regarding my appointments.

Newsletters Promotions



Please retain the bottom portion for your reference.

We would love to hear your feedback!

If you receive a letter or email from us in the next few days, we hope you'll take a few minutes to tell us about your experience today. Your reply will be processed and reported to us by **Press Ganey**, an independent survey research company based in South Bend, Indiana.

They will tell us what you value about the care you received today along with what you think and how you rate our services and team. We may even post your comments anonymously on our website.

Our goal is to improve the care we provide to all of our patients. What matters to you, matters to us.

Thank you

DENTAL SERVICES SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail in enclosed envelope.

BACKGROUND QUESTIONS (Mark in circle as appropriate)

710 Rush St.
South Bend, IN 46601

1. Time of day you arrived: _____
hour : _____ minute

2. Was this the first time you have used our practice? Yes No

3. How many appointments had with us in the past _____ months? _____

4. How many people in your household (including yourself) _____

Jane D. Patient
23 Main Street
Anytown, USA 55555