

**Eye Care Center of Lake County
Communications Preferences**

At the Eye Care Center of Lake County we are committed to providing private and efficient communication with you. Please complete the following information as specifically as possible.

Please indicate the preferred method(s) if we need to reach you by phone.

Home: Yes phone number _____ No

 If you are unavailable, may we leave a message?

 With another person? Yes No
 On voice mail or answering machine? Yes No

Work: Yes phone number _____ No

 If you are unavailable, may we leave a message?

 With another person? Yes No
 On voice mail or answering machine? Yes No

Cell Phone: Yes phone number _____ No

 If you are unavailable, may we leave a message?

 With another person? Yes No
 On voice mail or answering machine? Yes No

If we may leave you a message, what type would you prefer?

 Detailed message
 Request for call back to us only

Please add any information you feel would be helpful in facilitating our communication with you. Thank you.

Patient's Name _____
Please Print

Signature _____

Date: _____