Women's Healthcare of Southern Indiana

5300 State Road 64, Suite 103 Georgetown, Indiana 47122 Phone: (812) 923-6200 Fax: (812) 923-6204

Women's Healthcare has a messenger system in place that allows you to customize and personalize your preferences for communication from our practice. You may have already received calls or emails from this application. Please complete this form to let us know how you would like to be contacted in the future.

Patient Name:		DOB:	
Patient opts out of all practice communication			
Allow voice calls		Yes □	No 🗆
Allow text messages		Yes □	No □
Preferred time to call	Morning	Afternoon	Evening
Preferred phone # this # is Cell \Box Home \Box Work \Box			
Allow voice messages for diagnostic and/or	lab results	Yes □	No □
Allow mailing of letters		Yes □	No □
Allow email **Unable to opt out if you have access to the patient porta		Yes □ **	No 🗆
Types of Reminders			
Notify me of my upcoming appointment		Yes □	No 🗆
Notify me when my lab results are in		Yes □	No 🗆
Notify me that it is time to schedule an appointment for health maintenance		Yes □	No 🗆
Notify me when a prescription has been sen	t	Yes □	No 🗆
Send closing information due to weather etc	2.	Yes □	No 🗆