Plateau Pediatrics
3234 Miller Ave
Crossville, TN 38555
(931) 707-8700

Contact Method Update Form

Your privacy is very important to us. There are times that we will reach out to you to follow up with you regarding your treatment, payment and healthcare operations, appointment reminders, insurance questions, patient statements and other items pertaining to your care. For convenience sake, we offer email and text messaging reminders and notifications. We will not send sensitive issues via these routes, nor on voicemail, but a follow up call might be necessary to share the pertinent information. Please check any of the following ways you would like us to communicate with you. If you have any questions or needs, please contact Villa Edwards, Practice Administrator at (931) 707-8700 ext. 7239 or via email at edwards@plateaupediatrics.com.

Home Address _____
Street Address City State Zip

Primary Contact Number _____ ☐ Land ☐ Cell Belongs to? _____

2ndary Contact Number _____ ☐ Land ☐ Cell Belongs to? _____

Please list any restrictions to how we may contact you (ex: you may not leave messages):
_____

☐ You may leave messages (with a person or voicemail) at _____ or _____

☐ You may text me at the following cell phone number(s) _____

☐ Please sign me up for the Patient Portal and informational email messages. The e-mail address I would like to use is: _____ and belongs to ☐ Patient ☐ Mom ☐ Dad ☐ Legal Guardian

Patient Full Name	Date of Birth	Patient Full Name	Date of Birth

Signed: _____ Date _____

Relationship to patient:

☐ self ☐ mother ☐ father ☐ legal guardian ☐ other: _____