

Honolulu Neuroscience Clinic

PREFERENCE FORM

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Medical Director
Neurology, Sleep Disorders, Traumatic Brain Injury

PREFERABLE WAY OF APPOINTMENTS CONFIRMATION/SCHEDULING

Dear Respected Patient,

Please provide us your preferable way to schedule and confirm all upcoming appointments. Please select only one preferable contact way.

I wish to be contacted in a following manner:

- home phone: call at _____ (please provide phone number)
- work phone: call at _____ (please provide phone number)
- cell phone: call at _____ (please provide phone number)
- cell phone: text at _____ (please provide phone number)
- e-mail at: _____ (please provide email address)

Please kindly inform our staff members if preferable way of contact and phone number has changed. Please be aware that no show fee policy applies to all ways of communication listed above.

All communications with Michael B Russo, MD, Inc are considered private and confidential. By selecting cell phone texting, you are agreeing to receive SMS messages from 808-294-3332 regarding your upcoming appointments. Opt-in consent is not shared with any third party. You may opt-out of receiving SMS messages by replying STOP to any of our messages. You may text HELP for assistance. SMS messaging is provided to improve and facilitate communication between you and our staff regarding upcoming appointments and is not used for any other reason. You may receive 2-3 messages per year, according to the frequency of your scheduled appointments. Data rates may apply according to your cell phone carrier service.

PRINT NAME

DATE

SIGNATURE

Diplomate, Am Board of Psychiatry and Neurology



Certified, Adult Neurology and Sleep Disorders