

Honolulu Neuroscience Clinic

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Medical Director
Neurology, Sleep Disorders, Traumatic Brain Injury

PREFERABLE CONTACT PREFERENCE

Patient Name: _____

DOB: _____

Dear Respected Patient,

Please provide us preferable way to confirm all upcoming appointments.

Scheduling and rescheduling must be done by phone only.

Please select at least two preferable contact methods. I wish to be contacted in a following manner:

___ home phone: call at _____

___ work phone: call at _____

___ cell phone: call at _____

___ cell phone: txt at _____

___ e-mail at: _____

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.

Signature of Patient, Authorized Representative,
or Responsible Individual

Date

Updated as of August 2025

Diplomate, Am Board of Psychiatry and Neurology



Certified, Adult Neurology and Sleep Disorders

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