

David Gilboe and Associates, Inc
Physical Therapy & Occupational Therapy
(586) 779-8892

Appointment Reminders

Patient Name: _____

Account Number: _____

Please select preferred method of appointment reminders:

Phone Call () _____

Text Message: () _____

I do not want an appointment reminder

Appointment reminders are sent out 24 hours before appointment time. Please DO NOT reply to appointment reminder message as the office will not receive it. If you need to cancel or change your appointment time you must call the office (586) 779-8892.

Three missed and or cancelled consecutive appointments you will be discharged from our PT/OT program.

Patient Signature: _____

Date: _____

JAN, 2024