HMC Rx Care Notification Preferences

Patient Name:_____

Patient DOB: _____

Email: _____

Phone Number: _____

Cell Phone Number **and** Carrier (Verizon, Sprint, etc...):

_____

Extension/Work Number: _____

Automated Notification Preference*:
- ❏ Do NOT notify
- ❏ Email only
- ❏ Call only
- ❏ Text only
- ❏ Email & Call
- ❏ Email & Text
- ❏ Call & Text
- ❏ Email, Call, & Text

* Please note due to privacy laws, the automated system will not list the names of medications on messages.