

**HYNDMAN AREA HEALTH CENTER**  
**PO BOX 706, 144 FIFTH AVE. HYNDMAN, PA 15545**  
**PHONE: 814-842-3206**  
[www.hyndmanhealth.org](http://www.hyndmanhealth.org)

**Patient Name:** \_\_\_\_\_

**Chart #:** \_\_\_\_\_

Dear Hyndman Area Health Center:

This letter is to ask your preference for notification of recall cards, scheduled appointments, or information regarding any dental treatment. Normally, if we are unable to reach you by phone, we will leave a message with whoever answers your phone or delivers your mail (family member or friend). This message is to confirm dental appointments or send recall cards through the mail.

However, we may do any of the following. Please check any of the following options that you would prefer:

- 1. Try to contact me by phone, but if you don't reach me directly, do not leave any type of message on answering machine or with relative.
- 2. If you don't reach me by phone, you may leave a message on the answering machine or with relative.
- 3. I'd like other arrangements. (Please specify)

Thank you very much for your assistance in this matter. We just want to be sure that we notify you in the manner you prefer.

Sincerely yours,

Dental Staff at the Hyndman Area Health Center

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_