



**PATIENT CONTACT INFORMATION
ADDENDUM**

Patient Information

Name: _____ DOB: _____

Address: _____ City/Zip: _____

Contact Information

Check preferred method of contact

Cell: _____
Add cell phone number

OK to leave detailed voicemail?

OK to communicate via text?

Home: _____
Add home phone number

OK to leave detailed voicemail?

Email: _____

OK to communicate via EMAIL (ex. Appointment Reminders, Clinical and Billing Information)?

Typing your name below represents your electronic signature. By doing so, you acknowledge the information provided here is accurate and that you are the patient named above or are a legal representative of that patient.

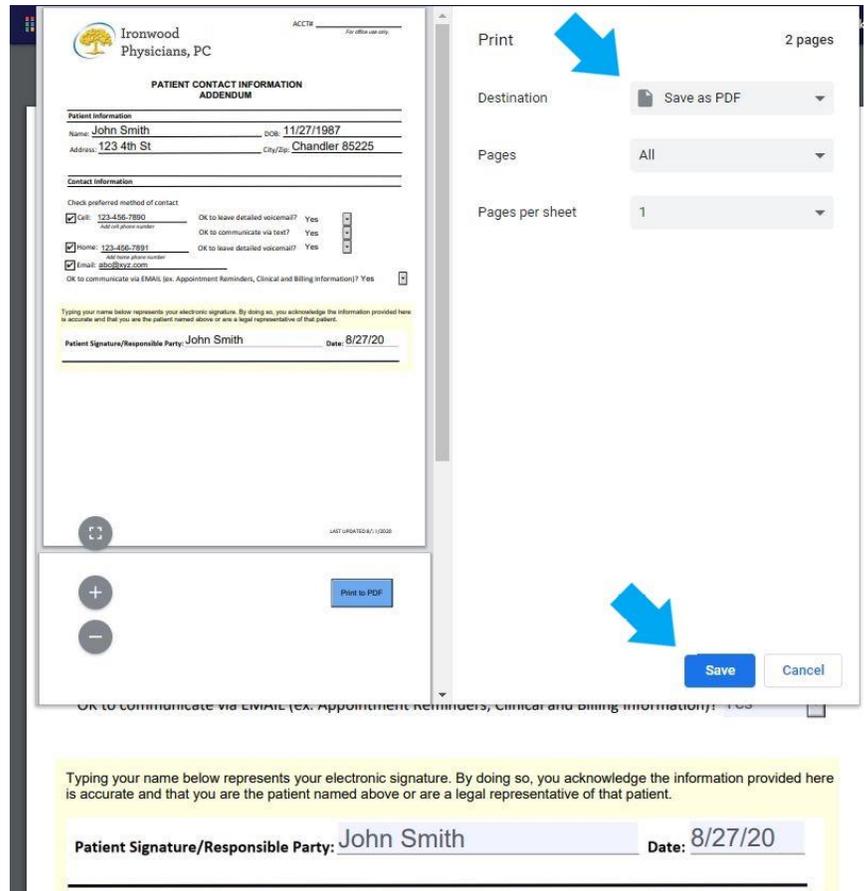
Patient Signature/Responsible Party: _____ **Date:** _____

The steps below are shown using the Google Chrome web browser and Windows 10 Operating System. Other browsers and Operating systems, such as Safari, Firefox, or Microsoft Edge may have different options or appearances.

Once you've filled out the form, click the "Print to PDF" button on the right:

In the print menu, choose 'Save to PDF' as the destination and click Save.

Choose somewhere memorable to save your document, like your Desktop, so you can find it in the next step.



Go to <https://ironwoodcrc.com/sharefile>

Fill out the brief upload form

Drop the form from the previous step on the 'Drag files here' box on the right and click Upload.

The file uploads and is complete when 'Uploaded' is shown in green on the right side of the window.

Citrix ShareFile Upload

Email
abc@xyz.com

First Name
John

Last Name
Smith

Company

