

**Triangle Neurology and Sleep Lab, PA**  
**Laura K. Jozewicz, MD**  
[www.ljneurology.com](http://www.ljneurology.com)

**Email Request Form**

Triangle Neurology and Sleep Lab, PA requests your email address in order to provide you with important medical healthcare information on a timely basis.

We assure you we will NOT share your email address with any 3<sup>rd</sup> party.

Please complete the information below and return it to one of our staff members.

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Primary Email Address

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Secondary Email Address

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Patient's Name (please print)

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Patient's Signature

Raleigh, \_\_\_\_\_  
Date