



**Consent to Receive Text Messages or Emails about Appointment Reminders:  
Patients in our practice**

I \_\_\_\_\_ consent to receive text messages from the practice at my cell phone and any number forwarded or transferred to that number or emails to receive appointment reminders. I understand that this request to receive text messages will apply to all future appointment reminders unless I request a change in writing.

- **The CELL PHONE NUMBER that I authorize to receive**

TEXT Reminders

VOICE Reminders

is: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

- **The EMAIL that I authorize to receive text messages for appointment reminders is \_\_\_\_\_@\_\_\_\_\_**

The practice does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

**Revocation**

I hereby revoke my request for future communications via email and/or text.

I hereby revoke my request to receive any future appointment reminders via text messages.

I hereby revoke my request to receive any future appointment reminders via email.

*NOTE: This revocation only applies to communications from this practice.*

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

Patient/Patient Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_