



### **Text Message and Email Consent Form**

I hereby give my consent for the practice to send text messages to my mobile phone number \_\_\_\_\_, and emails to my email account \_\_\_\_\_, for the purpose of health information and appointment reminders. I will ensure that I keep the practice informed of my up-to-date mobile number and email accounts at all times, or if the number is no longer in my possession.

Should I not be able to keep an appointment, I will call the office at least 24 hours prior to any scheduled appointment to cancel.

**Patient(s) name:**

**Parent/Guardian Signature:**

**Date:**