



Email and Text Messaging Consent Form

We now provide our patients with the option to participate in our online patient communication system. These features include:

- Appointment confirmation via Email
- Appointment confirmation via Text Message
- Appointment confirmation via Voice Reminder

PLEASE MARK THE FOLLOWING:

I consent to receiving appointment confirmations via email. I understand I can withdraw my consent at any time.

My email address is: _____

I consent to receiving appointment reminders via text. I understand I can withdraw my consent at any time by replying STOP as well as informing front office staff. (Text messaging or data rates may apply and Advanced Retina & Eye Cancer Center is not responsible for any fees.)

My cell phone number is: _____

I do not consent to receiving any information via email or text and understand I will not receive voice reminders either unless requested.

Please sign below to indicate that you agree to allow us to use this information in providing your services. You may choose to discontinue your participation in our online communications system at any time by notifying front office staff.

Print Name _____

Signature _____ Date _____