

Appointment Reminder Permission

I _____ grant my permission to Shadow Creek Family Physicians to call or send me a text message prior to an appointment to remind me of the appointment date and time. For voice calls, I understand that a message may be left regarding my appointment at the number provided below.

I would prefer to be notified of my scheduled appointments by:

(check ONE that apply and provide information):

Voice _____ -Phone Number: _____ and / or;

Text Message _____ -Mobile Number: _____

I understand that I can unsubscribe by replying "STOP" to any message received.

I also understand that standard text message rates apply.

Patient Signature

Date

Text Message Alerts

In addition, I grant my permission to Shadow Creek Family Physicians to periodically notify me of important health alerts, flu shot notices, annual check ups, office announcements and medical services by text message to my mobile phone.

Mobile Number: _____

Patient Signature

Date