

Patient Text Message Consent Form

Patient Name:
Last First MI Preferred Name

D.O.B.

Mobile Number

I hereby give my consent for Dr. Brown's Dental office to send Text Message reminders to my mobile telephone (as per the above number). These messages will be a reminder of my previously booked appointment date and time, or a notification that I need to schedule an appointment.

Should I not be able to keep an appointment I will call the office to cancel.

Signature: _____

Date:

All patients have the right to change their minds and have this service stopped. If you no longer wish to receive these text reminders please notify reception (by phone or in writing- please note we cannot accept incoming text messages).

If you change your mobile number please inform us so that we can update our records.