

Appointment Reminder Consent

Patient Name: _____

Date: _____

DOB: _____

Complete this form and sign below to give your permission for Lake Ridge Physical Therapy (D.B.A. Fusion Physical Therapy) to provide automatic appointment reminder service by email or by cell phone text message.

Step One: Select One Option Below

- Lake Ridge Physical Therapy (D.B.A. Fusion Physical Therapy) may send email messages to confirm my upcoming appointments to the following email address: _____
- Lake Ridge Physical Therapy (D.B.A. Fusion Physical Therapy) may send cell phone text messages to confirm my upcoming appointments to the following cell phone #: _____
*****I recognize that normal text messaging rates may apply.*****
- I do not want text or email reminders.

Step Two: If you would like text messages instead of email reminders, please indicate your cell phone carrier.

We cannot set your account up to send email text message reminders without knowing your cell phone carrier. Please indicate your carrier below, if you would like text message reminders.

- | | |
|--|-------------------------------------|
| <input type="radio"/> ALL Tel | <input type="radio"/> Qwest |
| <input type="radio"/> AT&T | <input type="radio"/> Sprint PCS |
| <input type="radio"/> Boost Mobile | <input type="radio"/> T Mobile |
| <input type="radio"/> Cingular | <input type="radio"/> US Cellular |
| <input type="radio"/> Cricket Wireless | <input type="radio"/> Verizon |
| <input type="radio"/> Metrocall | <input type="radio"/> Virgin Mobile |
| <input type="radio"/> MetroPCS | <input type="radio"/> Other: _____ |
| <input type="radio"/> Nextel | |

Step Three: Verify email address and mobile phone number on file.

Email address: _____

Mobile phone number: _____

Signature of Patient or Guardian

Date