



We now have the ability to email, text, and/or send automated voice calls to you reminding you of your appointments. To receive this feature in the future please read the consent, initial each line, and sign below.

Text Messages & Automated Voice Calls: _____ (Patient/Parent/Guardian's Initials)

The phone number I authorize to receive text messages/automated voice calls for appointment reminder, feedback, and general health reminders/information is:

- (_____) _____ - _____
- (_____) _____ - _____

Emails: _____ (Patient/Parent/Guardian's Initials)

The email that I authorize to receive appointment reminders and general health reminders, feedback, and information is:

Authorization & Release

Patients in our practice may be contacted via email, text messaging, and/or automated voice calls to remind you of an appointment, to obtain feedback on your experience with our healthcare team, and to provide general health reminders and information. I consent to receiving appointment reminders, other healthcare communications, and information by email, text, and/or automated voice calls from Brooklyn Orthodontics/Brooklyn Orthodontics in Staten Island. I understand that this request to receive emails, text messages, and/or automated voice calls will apply to all future appointment reminders, feedback, and health information. I consent to receive text messages and/or automated voice calls from the practice at my cell phone and any number forwarded or transferred to that number. I consent to receive email communications as stated above.

Patient's Name (Print)

Patient/Parent/Guardian's Signature

Date