



TEXT MESSAGE/ EMAIL CONSENT

**Patient Name:**

**Date:**

**Chart:**

**Cell Number:**

**Email:**

*I authorize GP Dental to send confirmation texts to the above number. These messages will be a reminder of an upcoming appointment, or a notification that I need to schedule an appointment.*

*Should I not be able to keep my appointment, I will call the office to reschedule.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**If at any time I want to stop receiving text messages or emails, I will inform GP dental in a written format. Text message charges from my cell phone provider may apply.**