Agreement to Receive Electronic Appointment Reminders via Text/Email Message

Last Name: _____ First Name: _____

Date of Birth: _____

Do you consent to receive electronic appointment reminders via text message on your mobile phone?

☐ YES, I consent to text/email reminders ☐ NO, I do not consent to text reminders

If YES, please provide your **mobile cell phone number** & **email** below where you would like to receive your appointment reminders. T**ext message** _____ &

email address _____

I can withdraw my consent to electronically receive communications via text message by calling United Neuroscience at (661) 324-0500.

Signature: _____ Date: _____

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