



Text & E-Mail Consent

Patients in our practice may be contacted via email and/or text messaging to remind you of an appointment, to obtain feedback on your experience with our healthcare team, and to provide general health reminders/information.

I consent to receiving appointment reminders and other healthcare communications & information from Madison Primary Care at the e-mail and cell phone numbers listed below:

The **cell phone number** that I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information is

(_____)_____-_____.

The **e-mail** address that I authorize to receive messages for appointment reminders and general health reminders/feedback/information is:

_____.

I understand that this request to receive emails and/or text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing & allow 72 hours for processing the change.

Pharmacy Name:_____

Location:_____

Preferred Lab (If any):_____

Patient Name/Guardian:_____

Chart #:_____

SIGNATURE:_____

Date:_____