

CONSENT FORM FOR TEXT MESSAGING REMINDERS

Opt In: I give permission to receive text messages from Pacific Vascular, Inc. or others acting on their behalf. By opting in, I acknowledge and agree to the following:

- Pacific Vascular, Inc. or others acting on their behalf may send text messages in various formats and with various content, including but not limited to, text messages about appointment reminders.
- I am the owner or authorized user of the mobile phone number provided below. I will notify Pacific Vascular immediately if I am no longer the owner or authorized user of the mobile phone number provided.
- I am solely responsible for any message and data charges associated these text messages.
- I have the option to opt out at any time.

Opt Out: I do not give permission to receive text messages from Pacific Vascular, Inc.

Printed Name

Mobile Phone Number

Signature

Signature Date