

## CONSENT FORM FOR TEXT MESSAGING REMINDERS

**Opt-in for Text Messaging Reminders:** 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, Inc. 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.

*By signing this form, you agree to receive appointment reminders and patient account alerts from Pacific Vascular, Inc. Message and frequency varies. Message and date rates may apply. Text STOP to cancel.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Mobile Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature Date

**\*Opt-out for Text Messaging Reminders:** I do not give permission to receive text messages from Pacific Vascular, Inc. \_\_\_\_\_ Initials