

Jon B Byrd DDS

Patient Communication Consent Form

TEXT MESSAGE ACCOUNT ALERTS

I authorize Jon B. Byrd, DDS to send text message appointment reminders to the cell phone number(s) provided below.

By accepting these terms, I agree that all individuals associated with my account may receive alerts referencing appointment reminders and other related text messages, not to exceed 6 per month. Text message and data charges from my cell phone provider may apply.

Patient's Name: _____

Patient's Cell Phone: (____) _____

Additional Individuals Authorized to Receive Text Message Account Alerts:

Patient's Name: _____

Cell Phone: (____) _____

Patient's Name: _____

Cell Phone: (____) _____

Patient's Name: _____

Cell Phone: (____) _____

My signature below indicates that I represent and warrant that I am at least 18 years of age, and that I agree to all terms and conditions of use for the text messaging services. I understand that this authorization can be revoked in writing or by replying STOP to any text message sent from this office.

Signature: _____

Signature Date: _____

It is important to note that text communication is not always secure. Text messages can be intercepted and for this reason, we do not communicate personal health information through this method. Complete terms and conditions can be found at www.JonBByrdDDS.com or from our staff.

IMPORTANT INFORMATION

Please complete the form in its entirety and submit the signed copy to our office staff to sign up for the Text Message Appointment Reminder system.