

207 N. Landmark, Suite A
Normal, IL 61761
Phone: 309-268-3200
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Email & SMS Text Opt-in Agreement

First name _____ M.I. ____ Last name _____

Date of birth _____

Address _____

Home phone number _____

Cell phone number _____

Email address _____

Email Opt-in

Dear Patient – We will be implementing a follow-up and appointment reminder system that will send an email to you with information regarding your office visit. Studies show that more than 70% of patients say reminders help them remember an appointment. Check the box below to *Opt-in* and indicate that you would like to be included in this program. Your information is strictly to help us provide better quality care and is not shared with anybody else. You can *Opt-out* at any time.

I would like to receive email correspondence for appointment follow-ups, reminders, or patient education information.

I would NOT like to receive email correspondence for appointment follow-ups, reminders, or patient education information.

SMS Text Opt-in

We are considering implementing an appointment reminder system where an SMS text is sent to your mobile phone within 24 hours of your appointment. Studies show that more than 70% of patients say reminders help them remember an appointment. Check the box below to *Opt-in* and indicate that you would like to be included in this program. Your information is strictly for this purpose and not shared with anybody else. You can *Opt-out* at any time.

I would like to receive appointment reminders by having an SMS text sent to my cell phone within 24 hours of my appointment.

I would NOT like to receive appointment reminders by SMS text sent to my cell phone within 24 hours of my appointment.