

Dental Patient SMS Appointment Consent Form

Full Name

Date of Birth

Mobile Phone Number

Email (optional)

Consent to Receive SMS Appointment Reminders

By checking the box below, you authorize our dental practice to send SMS text messages to your mobile phone for the purpose of appointment reminders, confirmations, and other communications related to your care. Message and data rates may apply. Your information will remain confidential.

☐

I consent to receive SMS appointment reminders.

Signature

Date