

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

## APPOINTMENT REMINDER AUTHORIZATION FORM

Please indicate below which way you would like to be reminded:

### EMAIL

I, \_\_\_\_\_, authorize Healy Physical Therapy & Sports Medicine, Inc. to send Appointment Reminders electronically via Email to the following email address.

PATIENT NAME:

EMAIL ADDRESS (please print clearly):

\_\_\_\_\_

\_\_\_\_\_

### TEXT MESSAGE

I, \_\_\_\_\_, authorize Healy Physical Therapy & Sports Medicine, Inc. to send Appointment Reminders electronically via text message to my mobile phone. I understand that this service is offered free of charge. However, standard text messaging rates from my mobile carrier may apply. Please activate text message reminders for the patient/mobile phone number:

PATIENT NAME:

MOBILE#:

MOBILE CARRIER:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### VOICE MESSAGE

I, \_\_\_\_\_, authorize Healy Physical Therapy & Sports Medicine, Inc. to contact me for Appointment Reminders via voice messaging. If I am unavailable to answer the telephone, I give Healy Physical Therapy & Sports Medicine, Inc. permission to leave a message on my answering machine or with the person answering the telephone.

PATIENT NAME:

TELEPHONE#:

\_\_\_\_\_

\_\_\_\_\_

(Circle One)

YES      NO      Healy Physical Therapy & Sports Medicine, Inc. may contact me at work to reschedule appointments or confirm existing appointments.

WORK TELEPHONE#:

\_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OR

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_