

RALEIGH ENDOCRINE ASSOCIATES

AUTHORIZATION FOR APPOINTMENT REMINDERS AND PHONE CONSENT

I authorize the physicians and staff of Raleigh Endocrine Associates to:

- Send an appointment reminder via text message? NO ___ YES ___ TEL# _____
CARRIER _____

*If choosing NO, you may OPT OUT of text messaging by responding "STOP" when receiving the text reminder

- Send an appointment reminder via email? NO ___ YES ___

EMAIL: _____

- Leave a message on my answering machine on Home/Cell Phone? NO ___ YES ___

TEL# _____

- Discuss my medical condition with a member of my household? NO ___ YES ___

TEL# _____

If yes, whom _____ Relationship _____

SIGNATURE

____/____/____

DATE

PATIENT #