



Appointment Reminder Consent Form

Patient Name: _____ DOB: _____

Please select and complete one or both of the following. If neither are selected, reminders will default to an automated voice call.

- Text Message (Please list only one number for text reminders)**

Primary phone number: _____

This number belongs to: _____

- Email**

Email address: _____

This email address belongs to: _____

I understand that email and text reminders are auto-generated by Sendan Center's Electronic Health Record system and are **not** a way to change or modify appointments. If I need to speak to someone regarding my appointment, I will call the front office directly at (360) 305-3275.

I understand that these appointment reminders are a courtesy only, and I will use additional methods of tracking and remembering my appointments.

I understand that I will be charged in full for any missed appointments or visits cancelled with less than **48 hours' notice**, and that Sendan Center cannot bill missed appointments to my insurance.

Signature: _____ Date: _____

Printed name: _____ Relationship to patient: _____