

**Patient SMS Text Messaging Consent Form**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Text Message Account Alerts**

- Opt **IN** for text messaging
  
- Opt **OUT** for text messaging

By opting in, I hereby agree to receive text messages from the Periodontal Associates **Portland** office (207)772-7459. Message frequency varies and will include information regarding appointments (such as confirmations, reminders, or cancellations) or emergency closures of our practice. Messaging and data rates may apply. You can opt out at any time by replying STOP or you can call our **Portland** office at (207)772-7459 with any questions. Please see the Privacy Policy for SMS Texting on our website [www.periomaine.com](http://www.periomaine.com) for details.

Cell Phone #: \_\_\_\_\_

My signature below indicates that I agree to all the terms and conditions of use for the SMS text messaging service and the Privacy Policy for SMS Texting (provided on our website). I understand that I can opt out at any time.

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