Authorization for Use of Answering Machine, or Cell Phone Numbers & Email for Appointment Reminders

I, __________________________ (name of patient), authorize North Florida OB-GYN to provide detailed information to me concerning appointments:

Please complete and check all that apply:

☐ (______)_________________________ Home answering machine number

☐ (______)_________________________ Cell phone number
   (We may text appointment reminders if your cell phone is provided to our office)

☐ ______________________________ Email address for web portal

This consent to will remain in effect until revoked in writing.

Print Patient’s Name ____________ Signature Patient ____________ Date ____________

_____________________________ Date

Staff Witness ________________________