



## Release for Appointment Reminders

I, \_\_\_\_\_ (Print), hereby authorize Amazing Kidz Therapy, PLLC to send me an appointment reminder via e-mail or text message using the following information

*Email and/or text message reminders may contain patient or clinic information such as, but not limited to, patient first name and clinic location.*

*Depending upon Cell Phone service provider and personal calling/messaging plan, text messaging rates may apply and are the responsibility of the Patient/Guardian listed below.*

Patient / Guardian Contact Information:  
*(Please print clearly and legibly)*

E-mail: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Patient / Guardian (Print): \_\_\_\_\_

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

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

### **Note to Office Managers:**

*Confirm that the E-mail and Cell Phone provided above match the information in the patient information screen.*