

I authorize ABC Pediatrics to deliver or cause to be delivered the following types of messages by voice call or text messaging using an automatic telephone dialing system or an artificial or prerecorded voice:

- Appointment reminders
- Visit recalls
- Situational/seasonal service suggestions (Such as flu shot clinics)
- Balance due reminders

I authorize such messages to be delivered to the following phone number(s):

\_\_\_\_\_  
Cellphone

\_\_\_\_\_  
Landline

I understand that by signing the agreement, I am authorizing ABC Pediatrics to deliver or cause to be delivered to me certain text messages and/or voice calls and that I am not required to sign this agreement in order to receive services from ABC Pediatrics.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

This consent was revoked on \_\_\_\_\_.  
Date