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## SMS/Text Consent Form

Your health care is important to us. To provide you with the best possible care, we occasionally send convenient text messages to our patients about their health care appointments and links.

Please provide the mobile device number you would like us to use:

- SMS/TEXT Messaging Opt-in Number \_\_\_\_\_
- Decline Text Messages \_\_\_\_\_

This will allow you to receive text messages for appointment reminders and information. about your health care treatment.

We look forward to providing better and more convenient communications with you via text messaging. Our goal is to provide you with relevant and useful information about your health care.

Thank you!

Client Name \_\_\_\_\_

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