Patient Consent to Receive Text Messages

Patient Name: _____

Date of Birth: _____

Mobile Phone Number: _____

Consent to Receive Text Messages

By signing below, I voluntarily authorize **Drockton and Rodriguez DDS, LLC** to send text messages to the mobile phone number I have provided.

These messages may include, but are not limited to:

- Appointment reminders
- Appointment confirmations
- Scheduling or rescheduling notifications
- Office announcements or closures
- Treatment follow-up communications
- Billing or payment reminders
- Other non-emergency communications related to my dental care

By providing my mobile number, I agree to receive text messages from **Drockton and Rodriguez DDS, LLC** regarding my dental care and related office communications.

I understand that I may reply STOP to cancel at any time or reply HELP for additional assistance. Message and data rates may apply. Messaging frequency may vary.

I understand that my consent to receive text messages is voluntary and is not a condition of receiving dental treatment or other healthcare services.

I understand that I may opt out of receiving text messages at any time by replying **STOP** to any message or by contacting the office directly.

I acknowledge that text messaging is not always a secure method of communication and may be dependent on the mobile device I am using or the settings on that mobile device or the network carrier that I am using. and that there is some risk that information sent by text message could be viewed by unauthorized individuals.

For more information, please review our:

- Terms of Service: https://LDPROFESSIONALS.COM/TERMS-OF-SERVICE/
- Privacy Policy: https://LDPROFESSIONALS.COM/PRIVACY-POLICY/

A physical copy of our Privacy Policy is also available upon request in our dental office.

Patient Acknowledgment

By signing below, I acknowledge that:

- I have read and understand this consent.
- I authorize **Drockton and Rodriguez DDS, LLC** to communicate with me by SMS/text message using the mobile phone number I provided.
- I understand that I may revoke my consent at any time by replying STOP or notifying the office.
- I am the authorized user or subscriber of the mobile phone number listed above.

Patient Signature: _____

Printed Name:_____

Date:_____

Ifsignedbyaparent,guardian,orpersonalrepresentative:

Representative Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____