Boston Sports Medicine

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www . bostonsportsmed . com

Patient Name: ______ Date: _____

Complete this form and sign below to give your permission for Boston Sports Medicine to provide automatic appointment reminder services by email or by cell phone text message.

SELECT ONE OPTION BELOW: _____ Email: Boston Sports Medicine may send email messages to confirm my upcoming appointments to:

Email Address: _____ __ Text: Boston Sports Medicine may send cell phone text messages to confirm my upcoming appointments to:

Cell Phone #: _____ Cell Phone Carrier (AT&T, Verizon, Sprint, etc.): _____ Irecognize that normal text messaging rates may apply

Signature of Patient or Guardian: _____ Date: _____ Date: _____ Date:

Please be aware there is a \$25.00 charge for missed appointments without giving 24-hour notice.