



AUTHORIZATION FOR TEXT MESSAGING

By signing this form, I authorize Physical Medicine & Rehabilitation of Long Island (PMRLI) to send text messages to my cell phone. I understand that text messaging rates will apply to any messages received from PMRLI. I also understand that I or PMRLI may revoke this permission in writing at any time. The purpose of this texting is to notify me of an upcoming appointment or notification of the office being closed due to an emergency. I further agree that in the event my contact/cell phone number changes that I will inform PMRLI.

Name: _____

Please Print

Cell phone # (_____) _____

This authorization form will remain in effect until revoked in writing by me or PMRLI.

Patient Signature

Date

Privacy Disclaimer: Text messaging is provided as a service to patients. Your information will not be shared or distributed in any way.