



## AUTHORIZATION FOR CONTACT

Our office will remind you of your appointments by either text message or email. Please authorize use of these messages and indicate your preference below.

I hereby authorize Burlington Medical Center / Carolina Nuclear Medicine to send me text messages and / or emails to remind me of my appointments.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Preference:      Text message: \_\_\_\_\_      Email: \_\_\_\_\_