



2111 East Oakland Avenue, Suite B
Bloomington, IL 61701
Phone: 309.531.3012
Fax:

Email & SMS Text Opt-in Agreement

First name _____ M.I. ____ Last name _____

Date of birth _____

Address _____

Home phone number _____ Cell phone number _____

Email address _____

Email Opt-in More than 70% of patients say reminders help them remember an appointment.

YES, I would like to receive email correspondence for appointment follow-ups, reminders, and patient education information.

NO THANK YOU, I would NOT like to receive email correspondence for appointment follow-ups, reminders, or patient education information.

Your information is strictly to help us provide better quality care and is not shared with anybody else. You may Opt-out at any time.

SMS Text Opt-in

YES, I would like to receive appointment reminders by having an SMS text sent to my cell phone within 24 hours of my appointment.

NO THANK YOU, I would NOT like to receive appointment reminders by SMS text sent to my cell phone within 24 hours of my appointment.

Your information is strictly for this purpose and not shared with anybody else. You may Opt-out at any time.