



Desert  
Eyesthetics

OCULOFACIAL PLASTIC SURGERY

## PRACTICE TO PATIENT MESSAGING

I, \_\_\_\_\_ (print name), approve receiving voice messages from Desert Eyesthetics that may be from a human being or auto-dialer, related to appointment reminders or practice related messages on:

My mobile phone: \_\_\_\_\_

and / or

my landline phone: \_\_\_\_\_

I also **do** / **do not** (circle one) approve the use of text messaging to my mobile phone listed above. I realize that I can revoke this consent at any time by notifying the practice.

I also **do** / **do not** (circle one) approve the use of email messaging for appointment reminders or practice related messages to the following:

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

My **PREFERRED** method for the practice to communicate with me is:  
(Please check one)

Phone messages

Text messages

Email messages

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date