

Release for Appointment Reminders

I, _____ (Print), hereby authorize "Springboard Pediatric Therapy" to send me an appointment reminder via e-mail or text message using the following information.

Email reminders may contain patient or clinic information such as, but not limited to, patient first name and clinic location.

Patient / Guardian Contact Information:
(Please print clearly and legibly)

E-mail: _____

Cell phone: _____

Patient / Guardian (Print): _____

Signature: _____

Date: _____

Note to Office Managers:

Confirm that the E-mail and Cell Phone provided above match the information in the patient information screen.

