



PATIENT PERMISSION

I hereby expressly consent to and further knowingly provide my mobile or other telephone number and any subsequent change in contact numbers or other means of communication, including but not limited to, text messages or electronic mail at the address provided by me to Saltzer Surgery Center as a mean to receive communication, including those using automated dialing systems and/or an artificial or prerecorded voice, which may include but are not limited to:

- Appointment reminders
- Reminders to schedule wellness exams or preventative services
- Payment-related messages
- Patient satisfaction surveys
- Information about the availability of new services

Signature

Printed name

Date