

APPOINTMENT REMINDER CONSENT FORM

Please indicate below which way you would like to be reminded:

I, _____, authorize Sleep Services of Maryland LLC, to send Appointment Reminders electronically via:

(Please, check all that apply)

____ Email.

____ Text message to my mobile phone.

____ Voice messaging. ____ *if I am unavailable to answer the telephone, I give Sleep Services of Maryland LLC., permission to leave a message on my answering machine.*

Patient Signature: _____ Date: _____

OR

Parent/Legal Guardian Signature: _____ Date: _____.