



**Authorization for Email Appointment Reminders**

I, \_\_\_\_\_ authorize Smile Shoppe to send Appointment Reminders electronically via email to the following email addresses:

Patient Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
OR

Parent/Legal Guardian  
(if patient is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization for Text Message Appointment Reminders**

I, \_\_\_\_\_ authorize Smile Shoppe to send Appointment Reminders electronically via Text Message to my mobile phone. I understand that this service is offered free of charge, however standard text messaging rates from my mobile carrier may apply. Please activate text message reminders for the following patient/mobile phone number:

Patient Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Mobile Carrier: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
OR

Parent/Legal Guardian  
(if patient is under 18): \_\_\_\_\_ Date: \_\_\_\_\_