COASTAL ORTHOPAEDIC & SPORTS MEDICINE CENTER

**SMS/Text Message Consent**

I authorize **Coastal Orthopaedic & Sports Medicine Center** to send text messages to me at the phone number I provided for purposes including appointment reminders, scheduling updates, care instructions, billing notices, or other healthcare communications. I understand that text messaging may not be a fully secure method of communication. I may opt out at any time by replying **STOP** to any message or by contacting the office directly. Standard messaging rates may apply. ☐ Yes ☐ No Phone number for text messaging: _____

Patient name:

Patient signature:

Date: