



Consent to Receive Text Messages

I give permission consent to receive text messages from Thomas M Fuchs DMD or others acting on the doctor or practice's behalf. As part of this consent, you represent and warrant the following:

- (1) Thomas M Fuchs DMD or others acting on their behalf may send text messages in various formats and with various contents, including but not limited to, text messages about appointment reminders and balances owed for services rendered.
- (2) You are the owner or authorized user of the mobile phone number identified below.
- (3) You will notify us immediately if you are no longer the owner or authorized user of the mobile phone number identified below.
- (4) You are solely responsible for any message and data charges associated with such text messages.

If You do not wish to receive text messages from Thomas M Fuchs DMD or others acting on their behalf, you should not sign this form.

Signature _____
Date of Birth _____

Typed/Printed Name _____
Mobile Phone Number _____