



**Patient Email Address and Cell Phone Number**

As a courtesy and to provide our patients with better service, BVDA will be using email and text messaging. This information will not be shared with 3<sup>rd</sup> party or for any Non-BVDA purposes. (Some cell phone plans charge for text-messages so you may wish to check with your plan before using our service) We recommend using this service as a good way to help our patients remember appointments and to avoid any broken appointment charges.

**Your Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Family member names:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Authorized patient or parent signature) X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**You may choose not to provide address or cell if you do so a phone call will be given, please check here** \_\_\_\_\_