

SIMMONS CLINIC
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I, _____, authorize the Simmons Clinic to use text, email and/or phone as a contact method for future appointment reminders.

Please Provide:

Cell/Text Number: _____

Cell Service Provider: _____

eMail: _____

Phone: _____

Medicare #: _____

Emergency Contact: _____

Patient Signature: _____ Date: _____

Printed Name: _____

Signature of patient representative: _____

Relationship: _____

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