



Consent to Contact

I, _____, hereby give Pearl Medical Clinic and its staff permission to contact me for informational purposes through the following checked option (s) as follows.

Method

- Phone Call
- Text message

Best time to contact

from _____ to _____
from _____ to _____

Please note that email reminders are sent automatically by default once appointment is made.

I understand that I reserve the permission to change my preferred method and time of contact or revoke my permission anytime.

Patient's Signature

Date