



CONSENT FORM FOR TEXT MESSAGING REMINDERS

I give permission consent to receive text messages from Oxford Neurology Clinic or others acting on the Oxford Neurology's behalf. As part of this consent, You represent and warrant the following:

- (1) The Oxford Neurology Clinic 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.
- (2) You are the owner or authorized user of the mobile phone number identified below. You will notify us immediately if you are no longer the owner or authorized user of the mobile phone number identified below.
- (3) 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 the Oxford Neurology Clinic or others acting on their behalf, You should not sign this form.

Printed Name

Date of Birth

Signature

Mobile Phone Number