

Patient Name: _____

By checking the below box and signing, I agree to enroll in Sarrell Dental and Eye’s mobile communication service provided by Relay Network. I have read and agree to the [Terms & Conditions](https://my.relayit.com/terms-and-conditions) (https://my.relayit.com/terms-and-conditions) and give my consent to receive important reminders, marketing messages and benefits via automated SMS from Sarrell Dental and Eye and Relay. This is an optional service and is not required to receive dental treatment.

I agree to receive text messages

Patient/Guardian/Legally Authorized Representative

Date

Printed Name

Relationship (if other than patient)

Standard message and data rates may apply based on carrier rates and plans.