

Email Text Consent

JIAO FENG CLINIC

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I consent to receive appointment reminders, lab results, and non-urgent health information via:

☐ Email ☐ Text Message ☐ Both

I understand that these may not be secure communication channels. I can revoke this consent in writing at any time.

Phone for Texts: _____

Email: _____

Signature: _____ Date: _____

Patient Name: _____ DOB: _____