AMP PT – SMS Consent Form
Customer Information

Full Name: _____

Mobile Phone Number: _____

Email Address (optional): _____

Date of Birth (optional): _____

SMS Consent Agreement

☐ I agree to receive SMS (text) messages from AMP PT.

By checking the box above and signing below, you consent to receive SMS and MMS text messages from AMP PT at the mobile number you provided.
These messages may include [appointment reminders, scheduling notifications, and other communications related to your care].

Message frequency varies but will not exceed 3-5 messages per day unless triggered by a notification event.

Message & data rates may apply depending on your mobile carrier plan.

You may reply HELP for help or STOP to opt out at any time.

Consent to receive SMS messages is not a condition of purchase or service.

SMS Sharing Disclosure:
Your mobile information will not be shared with third parties or affiliates for marketing or promotional purposes at any time.

Customer Signature

Signature: _____
Printed Name: _____

Date: _____

For Office Use Only

☐ Consent obtained in person
☐ Paper consent scanned and uploaded
☐ Date entered into SMS system: _____
☐ Employee initials: _____