



Doc Vision

Eye Care Centers

Optional Text Message Consent

Patient name: _____

Mobile number: _____

Text messages are optional. Check each type of text you want to receive. You may leave both boxes blank and still receive care or make a purchase.

☐ **Service and appointment texts**

By checking this box, I agree to receive recurring texts from Doc Vision Eye Care Centers, LLC about appointments, eyeglasses or contact lenses ready for pickup, and updates related to my care or orders.

☐ **Birthday and promotional texts**

By checking this separate box, I agree to receive recurring birthday greetings, special offers, and promotions by text from Doc Vision Eye Care Centers, LLC.

Message frequency varies. Message and data rates may apply. Texts are sent from (954) 876-4141. Reply STOP to opt out or HELP for help. You can also call (954) 621-1321. Consent is not required to receive care or make a purchase.

Privacy Policy: <https://docvisioneyecarecenters.com/privacy-policy>

SMS Terms: <https://docvisioneyecarecenters.com/terms-and-conditions>

Patient/parent/guardian signature

Date

Printed name and relationship if signing for patient