NORTHWEST MEDICAL GROUP
A member of Community Foundation Medical Group and Community Medical Providers

7355 N. PALM AVENUE, #100
FRESNO, CA. 93711
PHONE (559) 271-6302 FAX (559) 271-6327

# APPOINTMENT REMINDER
# CONSENT FORM

**Patient Name:**_____ **DOB:**_____

_____ Reminders via **VOICEMAIL** should be directed to (*choose one*)

**HOME** phone (___)_____ *or,* **CELL** phone (___)_____

_____ Reminders via **TEXT** should be sent to **CELL** phone (___)_____

**Who does this number belong to?** (*full name*) _____

**Relationship**

- Self (*if age 18 or older*)
- Spouse
- Mother
- Father
- Step Mother
- Step Father
- Legal Guardian

I consent to receive calls and/or texts from Northwest Medical Group/Sante Health/Community Medical Foundation Medical Group for appointment reminders at the phone number(s) above, including my wireless number provided. Normal text messaging rates may apply.

**Patient** (*if age 18 or older*)/**Authorized Signature:** _____

**Please print your name** (*if different from patient*): _____

**Authorized Representative's Relation to Patient:** _____