**Text Messaging Consent Form**

By opting in, I hereby authorize NE Portland Dental to send SMS text messages for appointment reminders, marketing messages, and general two-way communications to my provided cell phone number. Message frequency varies. Message and data rates may apply. Reply HELP for support. Reply STOP to opt out. See our privacy policy for more information.

By accepting these terms, I agree that all individuals associated with my account may receive alerts referencing the account dependents.

**Text Message Account Alerts**  
☐ Opt IN for text messaging  
☐ Opt OUT for text messaging

My signature below indicates that I agree to the terms and conditions of the services I have opted in for. I understand that I can opt out at any time.

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_