



****SMS Opt-In Agreement****

****Name:**** _____

****Phone Number:**** _____

I understand that I may receive automated text message reminder for appointments, up to 4 messages per month. I will received automated appointment reminders, manual texts about prescription refills, and other important texts about our practice.

I consent to receive SMS text messages from Premier Private Physicians. Message and data rates may apply. Reply STOP to opt out. For HELP, Reply HELP or call us at 248-220-1560 or email client@private-physicians.com.”

****Signature:**** _____

****Date:**** _____
