



Patient Communication Consent Form

At Azul Cosmetic Surgery & Medical Spa, we strive to provide you with excellent care and timely communication. By signing this form, you consent to receiving messages from Azul Cosmetic Surgery & Medical Spa regarding your scheduled and unscheduled appointments through the following methods:

- Email
- SMS (Text Messages)
- Phone Calls

Consent Details:

- By providing your contact information, you agree to receive communications from Azul Cosmetic Surgery & Medical Spa related to appointment reminders, scheduling updates, and other relevant notifications.
- SMS Messages: You may receive text messages that include appointment reminders and updates. Message frequency may vary. Standard message and data rates may apply.
- Opt-Out Option: You can reply STOP at any time to opt out of receiving further text messages from (Azul Cosmetic Surgery and Medical Spa. For additional support, you may reply HELP or contact our office directly at 239-415-7576
- Privacy Policy: For more information about how we protect your information, please review our privacy policy available on our website at <https://azulbeauty.com/privacy-policy/>

Patient Acknowledgment:0

I understand that message and data rates may apply, and that I may opt out of receiving text messages at any time by replying STOP. I also acknowledge that I have been informed about Azul Cosmetic Surgery & Medical Spa's privacy policy. I consent to receive communications from Azul Cosmetic Surgery & Medical Spa through the contact information I have provided.

Patient Name: _____

Date of Birth: _____

Phone Number to receive SMS messages: _____

Email: _____

Signature: _____

Date: _____