Texas Retina Associates
1708 Coit Road; Suite 215
Plano, TX 75075
972-596-9222
www.texasretina.com

TEXAS RETINA

Patient Name: _____

Date: _____

☐ I consent to receive informational text messages from Texas Retina regarding my appointments, care, account notifications, and other healthcare-related communications at the mobile number I provide. I understand that message frequency may vary, message and data rates may apply, and that I may opt out at any time by replying STOP. Consent is not required to receive treatment. For more information, visit https://www.texasretina.com/privacy-policy for our privacy policy and https://www.texasretina.com/sms-terms for our SMS Terms and Conditions.

_____ _____

Signature Date