Patient SMS Consent Form

Pinnacle Oral & Maxillofacial Surgery

Effective Date: August 3, 2026

Authorization

I authorize Pinnacle Oral & Maxillofacial Surgery to communicate with me via text message and/or email.

Types of Communications

These communications may include, but are not limited to:

- Appointment reminders and confirmations
- Office hour updates and scheduling changes
- Billing notifications
- Requests for information related to online patient registration, referral details, or insurance verification
- Other important updates related to my care

My Consent Choice

I consent to receive electronic communications from Pinnacle Oral & Maxillofacial Surgery via:

☐ text message

☐ email

Patient Contact Information

If via text:

_____	_____
Patient Name	*Patient Phone Number*

If via email:

_____	_____
Patient Name	*Patient Email Address*

☐ I do not consent to electronic communications and prefer phone calls for appointment-related information.

Message & Data Rates

Standard message and data rates from my mobile carrier may apply. Message frequency will vary.

Opt-Out Instructions

I understand that I can opt out of electronic communications at any time by:

- Replying STOP to any text message from Pinnacle Oral & Maxillofacial Surgery
- Contacting our office directly by phone or in person
- Reply HELP for help

Privacy Policy

For more information about how Pinnacle Oral & Maxillofacial Surgery handles my personal data, I can review the full Privacy Policy at www.pinnacleomfs.com.

Patient Authorization

By signing below, I acknowledge that I have read, understand, and agree to the terms of receiving electronic communications from Pinnacle Oral & Maxillofacial Surgery.

_____	_____
Patient Signature	*Date*
_____	_____
Printed Name	*Date of Birth*
_____	_____
Mobile Phone Number	*Email Address*