



**AKKARY**  
Surgery Center

Akkary Surgery Center

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**PATIENT COMMUNICATION CONSENT FORM**

**TEXT MESSAGE APPOINTMENT ALERTS**

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I authorize Akkary Surgery Center to send text message appointment reminders to me on my provided cell phone number. I understand that I may reply with various commands to receive account information such as balances, future appointments, office location and other alerts should this become available.

By accepting these terms, I agree that all individuals associated with my account may receive alerts referencing the account guarantor and/or dependents. Text message charges from my cell phone provider may apply.

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

My signature below indicates that I represent and warrant that I am the person legally responsible for all use of the accounts, that I am at least 18 years of age, and that I agree to all terms and conditions of use for the text messaging services. I understand that this authorization can only be revoked in writing.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

It is important to note that text communication is not always secure. Text messages can be intercepted and for this reason, we do not communicate personal health information through this method.