



Appointment Reminders

By completing this form, you are authorizing RFPT to leave a message in the following ways regarding appointment times and dates, in compliance with HIPAA policies.

How would you like to receive appointment reminders?

Text Message

● Phone Number _____

Email

● Email Address _____

No Reminder

Patient Signature _____ Date _____

Patient Name _____ Birthdate _____

*Please note that any and all reminders are done as a courtesy. The patient is ultimately responsible for keeping all appointments. However, we will make every effort to send reminders out for each appointment, if desired.