



Consent to Electronic Communications

This form outlines your consent for Grove Endodontics, PA to communicate with you via text message for healthcare-related purposes. This includes but is not limited to appointment reminders and other important information related to your care.

Types of Messages: We may send text messages for: Appointment reminders, Test results updates, Post-operative instructions, Important announcements related to your care, and Follow-up care instructions.

Your Rights: You have the right to opt-out of these text messages at any time. Simply reply "STOP" to any text message you receive from us.

Name: _____

Birth Date: _____

Mobile Number: _____

Email Address (optional): _____

- I hereby consent to Grove Endodontics, PA contacting me via text message as described above.
- I understand that I may opt out of receiving these messages at any time by replying "STOP" to a text message from the practice.
- I understand that I am responsible for keeping Grove Endodontics informed of any changes to my mobile number.

Signature: _____

Date: _____