



1310 Tara Hills Dr, Suite G, Pinole, CA 94564
(510)243-0213

In compliance with a recent FCC ruling we are implementing a written communication policy concerning cell phone communication for our office.

We are asking if you provide a phone number to our office that you please indicate to us if it is a "cell phone" number. If you provide a cell phone number for us to communicate (call/text) with you we must get your authorization to use that number to communicate with you.

Please be advised that communication may be to contact you regarding emergencies, appointment reminders, surgery follow-ups and billing or other financial information (including insurance information).

___ **I give permission** to use my cell phone number _____ to communicate with me for the reasons listed above

___ **I DO NOT** give permission to contact me via cell phone

___ I have provided the office with a cell phone number of _____ in the past and **I give permission** to this office to continue using that number to communicate with me for the reasons listed above

___ I have provided the office with a cell phone number of _____ in the past and **I DO NOT give permission** to this office to continue using that number to communicate with me for the reasons listed above, please immediately honor my opt-out request

Signed: _____ Date: _____

Printed Name: _____