



Appointment Reminder Consent

I, _____ give The Whittier Pavilion Outpatient Clinic
Patient Name (print)

permission to call me prior to an appointment to remind me of the appointment date and time.

I give consent to receive automated reminder calls/voicemails to my main number on file.

Please provide preferred number:

[] Home # _____

[] Cell # _____

I understand that, regardless of whether I give my consent for an appointment reminder, I am expected to arrive in a timely manner for my appointment and that I may be responsible for payment of the cancelled appointment fee of \$25 if I do not provide 24 hours notice of cancellation of my scheduled appointment. I further understand that I may withdraw this consent at any time, either verbally or in writing except to the extent that action has been taken on reliance on my consent. This consent will last until I withdraw my consent.

Patient Signature

Patient Name (Print)

Date/Time