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I \_\_\_\_\_ agree to receive text messages

PRINTED Full Name

to this mobile phone number (\_\_\_\_) \_\_\_\_-\_\_\_\_ as long as I am enrolled in the Physician's Choice Wellness Program, reminding me about my upcoming appointments. I understand that SMS reminders are optional and that message & data rates may apply.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date