



Don't neglect your health, reform it

Appointment Notification Consent

Complete this form and sign below to give your permission for Reform Physical Therapy to provide automatic appointment reminders by email, phone, or text message.

Patient Name:

Date of Birth:

Guarantor Name (if Guarantor is not Self):

Select ONE option below:

Reform Physical Therapy may send email messages to confirm my upcoming appointments to: _____@_____._____

Reform Physical Therapy may send cell phone text messages to confirm my upcoming appointments to: (_____) - _____ - _____

A Reform Physical Therapy employee may call me at:
(_____) - _____ - _____ to remind me of my upcoming appointment.
Reform physical Therapy may leave a voice message if I do not answer.

Signature:

Date:

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23 Durham Road, Suite 101, Freeport, ME 04032 · P: 207-869-4003 F: 207-869-4024
45 Forest Falls Drive, Suite 1B, Yarmouth, ME 04096 · P: 207-846-3300 F: 207-846-3315
169 Port Road, Suite 21, Kennebunk, ME 04043 · P: 207-204-0679 F: 207-204-0797

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