

Text Message Reminder Opt-Out Request

Patient Name:		DOB:	
appointments with our pappointment reminders	Group (CHMG) wants to give you providers. One tool many of our by text message. If we have a cent message appointment reminde	patients have asked for is to sell phone number on file for yo	end them
	receive text message appointme ting it to your CHMG physician's	, , ,	ne following
Information for Patient	Opting Out		
First Name*	L	ast Name*	
Address Line 1*			
	State*		
	ed from Text Messages reminders*	·	
	otional)		
Reason for opting out (of	otional)		* Required Field
			Required Field
Patient Information (Ple	ease Print Clearly)*		
Printed Name			
		Date	-
For CPA Use only			
Date Received:	Date input into NextGen:	Processed By:	