



SMS Consent Form

Nutrition as Therapy Inc
6285 E. Spring Street #284
Long Beach, CA 90808

Dear Patient

We would like to inform you that Nutrition as Therapy Inc. intends to send you SMS messages to your mobile phone for the purpose of reminders of upcoming patient consults.

Before we proceed, we need your explicit consent to send these SMS messages to your phone number. Please read the following information carefully and indicate your agreement by providing your electronic signature at the end of this form.

Consent Details:

1. **Purpose of SMS Messages:**
 - Reminders of upcoming patient consults with their registered Dietitian.
2. **Frequency of Messages:**
 - Only as required
3. **Message and Data Rates:**
 - Standard message and data rates from your mobile carrier may apply.
4. **Opt-out Option:**
 - You can opt-out of receiving SMS messages from us at any time by replying "STOP" to any message you receive.

Consent Agreement:

I, the undersigned, hereby consent to receive SMS messages from [Your Organization's Name] to the phone number [Recipient's Phone Number] for the specified purpose mentioned above. I understand that standard message and data rates may apply, and I can opt-out of receiving messages at any time by replying "STOP" to any message.

Recipient's Full Name: _____

Recipient's Signature: _____

Date: _____

[Optional] Witness (if signed on behalf of someone else):

Witness's Full Name: _____

Witness's Signature: _____



Date: _____

Please return this signed consent form to [provide instructions on where and how to return the form]. If you have any questions or concerns, please contact us at [provide contact information].

Thank you for your cooperation.

Sincerely,

Cristina Espinoza

Office Manager