



Communication Consent Form

I give permission consent to receive text and or email messages from The Kaga Institute fo Medicine & Aesthetics or others acting on the Kaga Institute's behalf. As part of this consent, You represent and warrant the following:

- (1) The The Kaga Institute of Medicine & Aesthetics or others acting on their behalf may send text and or email messages in various formats and with various contents, including but not limited to, text and email messages about appointment reminders.
- (2) You are the owner or authorized user of the mobile phone number identified below. You will notify us immediately if you are no longer the owner or authorized user of the mobile phone number or email address identified below.
- (3) You are solely responsible for any message and data charges associated with such text messages.

If You do **not** wish to receive text messages from the The Kaga Institute of Medicine & Aesthetics or others acting on their behalf, You should **not** sign this form.

Printed Name

Date of Birth

Signature

Mobile Phone Number

Email Address