



Agreement to Receive Electronic Communication



1. Name:
First Name Middle Name Last Name

2. Date of Birth:
MM DD YY

3. Initial Below:

I DO Agree
Initial

I DO NOT Agree
Initial

That the business may communicate with me electronically at the email address and/or phone number listed below.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I further agree that I am responsible for providing the business any updates to my email address and / or mobile phone number.

4. Most Preferred Method of Communication:

Text Message Email

5. I would Like to Receive:

Appointment Reminders Information Regarding Billing

Requests for Customer Satisfaction reviews

6. Contact Information

My Email My Phone

I can withdraw my consent to electronic communications by calling / emailing:
THC MediSpa & Clinic
(346) 571-1147
thcmedispa@outlook.com

7. Signature Date of Signature
MM DD YY