

# Lifters Clinic PLLC

## Performance, Recovery, Physical Therapy



Consent to Communicate

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Consent to Communicate Via Email

I understand that authorized personnel from Lifters Clinic may communicate with me regarding scheduling, the treatment being provided, educational information including newsletters as it relates to health related products or services available at Lifters Clinic, or alternative treatments, locations or providers. I agree to receive such communication via email at the following email address:

\_\_\_\_\_ Email address

X \_\_\_\_\_ X Patient/Guardian Signature Date