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AUTHORIZATION FOR TEXT MESSAGING

By signing this form, I authorize LaComb Health & Wellness to send text messages to my cell phone. I understand that text messaging rates will apply to any messages received from LaComb Health & Wellness. I also understand that I or LaComb Health & Wellness may revoke this permission in writing at any time. I agree not to hold LaComb Health & Wellness liable for any electronic messaging charges or fees generated by this service. I understand that I must designate a phone number at which to be reached. I further agree that in the event my contact/cell phone number changes that I will inform LaComb Health & Wellness or be liable for any fees or charges incurred. I also understand that consent is not a condition of purchase.

Name: _____

Please Print Cell phone # (_____) _____

This authorization form will remain in effect until revoked in writing by me or LaComb Health & Wellness.

Member Signature _____ Date _____

Privacy Disclaimer: Text messaging is provided as a service to patients. Your information will not be shared or distributed in any way.