

**CONSENT FORM for TEXT Messaging, VOICE Messaging and Email**

I \_\_\_\_\_

give permission to Dr. Matthew Safapour and his staff to

\_\_\_\_\_ Text me, \_\_\_\_\_ Call me or \_\_\_\_\_ leave a voice message and \_\_\_\_\_ Email me ,

based on the information containing phone numbers and Emails I have provided them.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date