



*Pediatric Therapy Services*

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**Would you like to receive text messages and/or email reminders of your child's appointment?**

**PLEASE PRINT CLEARLY**

I would like to receive EMAIL / TEXT MESSAGE (click box above) reminders regarding \_\_\_\_\_ (type patient's name).

**If I chose text messaging, I understand that my cellular provider may apply charges to my account that I will be responsible for.**

Email: \_\_\_\_\_

Text Message: (    ) \_\_\_\_\_ - \_\_\_\_\_

Cellular Provider (Use dropdown)

If other please specify : \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_