



Appointment Reminders Authorization

Client's Name: _____ Date of Birth: _____

For your convenience, Peak Pediatric Therapy, LLC offers appointment reminders via text or email through a third-party vendor, Fusion Web Clinic.

Please check one:

I would like to receive appointment reminders from Peak Pediatric Therapy, LLC through its third-party vendor, Fusion Web Clinic and have provided my desired contact method(s) below:

** Phone Number for text appointment reminders:

** Email Address for email appointment reminders:

I decline appointment reminders from Peak Pediatric Therapy, LLC through its third-party vendor.

Parent/Guardian's Name: _____ Relationship to Client: _____

Signature: _____ Date: _____