

Idaho Oral Maxillofacial Surgery, PC
590 Falls Ave
Twin Falls, Id 83301
208-733-1182

Patient: _____

DOB: _____

Mobile# _____ (Guardian or parent over age 18)

Date: _____

I consent to receive text messages from (Idaho Oral Maxillofacial Surgery) regarding appointments, care instructions for surgery, and post op reminder's. I understand standard message rates may apply. Texts aren't fully secure and shouldn't be used for emergencies. I can opt out anytime by texting "STOP" or contacting our office.

Signature: _____
(Patient/Guardian signature if patient is under the age of 18)