

Pradeep Kumar, MD
4011 West Plano Parkway Suite 123
Plano, TX 75093

TELEPHONE APPOINTMENT REMINDER CONSENT

I _____ give Pradeep Kumar, MD (Plano Behavioral Health)
Patient Name (Print)

and members of his staff working at the location indicated above my permission to call me prior to an appointment to remind me of the appointment date and time.

I would prefer to be called at (check all that apply):

I. Home _____

II. Work _____

III. Cell _____

IV. Email: _____

Yes, this office may leave (check all that apply):

- Voice mail at my Home Voice mail at my Work Voice mail on my Cell
 Messages with people at my Home Messages with people at my Work

Email: _____

I understand that I may withdraw this consent at any time, either verbally or in writing except to the extent that action has been taken on reliance on it. This consent will last while I am being treated for opioid dependence by the physician specified above unless I withdraw my consent during treatment. This consent will expire 365 days after I complete my treatment, unless the physician specified above is otherwise notified by me.

Patient Signature

Date

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date