



EMAIL CONSENT FORM

PLEASE READ CAREFULLY

I consent to email communication from Rebalance Sports Medicine which may include but is not limited to appointment reminders, statements, invoices, correspondence with health professionals, exercise instructions, meal plans & commercial electronic messages.

Patient Name (print)

Email Address

Signature

Date

(Rebalance Sports Medicine respects your privacy. We do not sell, rent, loan or transfer any personal information regarding our clients to any third parties.)