

**At Syracuse Eye Center and Ocutique we have various methods of contacting our patients, and we would like to give you the opportunity to choose how and what we communicate with you about.**

**Please review the options below and clearly mark the box that indicates your preference in each section.**

**Thank you!**

**1. Do you want to receive text message and email reminders?**

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**I AUTHORIZE** Syracuse Eye Center (SEC) and Ocutique (OCU) to send text messages to my cell phone and/or emails to remind me about my upcoming appointments, as well as information about glasses/contact lens orders I make from Ocutique. I understand that standard text messaging rates will apply to any messages received from SEC/OCU. I also understand that I may revoke this permission in writing at any time. I agree not to hold SEC/OCU liable for any electronic messaging charges or fees generated by this service. I further agree to inform SEC/OCU of any changes or updates to my contact information.

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**I DO NOT** authorize Syracuse Eye Center or Ocutique to send text messages or emails to me about my upcoming appointments or glasses/contact lens orders from Ocutique.

**2. Would you like to join our e-mailing list?**

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**I AUTHORIZE** Syracuse Eye Center and Ocutique to send a monthly email newsletter dedicated to providing eye health news/information, staff & office updates; as well as periodic emails containing new product announcements, eyewear & contact lens promotions/discounts from Ocutique.

- I understand that receiving these emails is completely optional.
- I can opt-out at any time.

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**I DO NOT** authorize Syracuse Eye Center or Ocutique to send emails to me containing eye health news, staff & office updates, new product announcements, or promotional/discount information.

Name (please print clearly) \_\_\_\_\_

E-mail address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone Provider \_\_\_\_\_  
(AT&T, Verizon, Sprint, etc.)

Signature \_\_\_\_\_ Date \_\_\_\_\_