

Request To Opt Out Of Text Messages

I request that OSUWMC does NOT send any text messages to the cellular phone that I have previously provided or that I may provide in the future. I understand that if I complete this form, I will need to request in writing if I should wish to OPT IN for text messaging in the future.

Signature of Patient

Date

Time



MS0005

**THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER
THE JAMES CANCER HOSPITAL & RICHARD J. SOLOVE RESEARCH INSTITUTE
REQUEST TO OPT OUT OF TEXT MESSAGES**

Patient Name:

Medical Record Number:

Date of Birth: