



Gulf South Eye Associates, APMC

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## AUTHORIZATION FOR TEXT MESSAGES

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ **I DO** allow Gulf South Eye Associates to send text messages to by mobile / cellular phone notifying me of my upcoming appointments; birthday wishes; notification of my eye glasses arrival; and important notices regarding the practice, such as unexpected clinic closure due to weather; emergency messages. By checking this box, I consent to receive SMS / Text messages from Gulf South Eye Associates. Reply STOP to opt-out; Reply HELP for support; Message & data rates may apply; Messaging frequency may vary. Visit <https://www.gulfsoutheye.com/wp-content/uploads/2025/02/PRIVACY-POLICY.pdf> to see our privacy policy and <https://www.gulfsoutheye.com/wp-content/uploads/2025/03/SMS-Terms-of-Service-1.pdf>. We do not share or sell SMS opt-in, or phone numbers for the purpose of SMS.

\_\_\_\_\_ **I DO NOT** allow Gulf South Eye Associates to send text messages to by mobile / cellular phone.

I understand that I have the right to revoke this authorization, at any time by notifying Gulf South Eye Associates, or by replying STOP to the text message or replying HELP for support.

\_\_\_\_\_  
Signature of patient or authorized representative

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Mobile Phone Number

\_\_\_\_\_  
Date Signed