



ELECTRONIC COMMUNICATION CONSENT FORM

I, _____ allow do not allow
(check one) Wiregrass Eyecare of Ozark to utilize my email as a primary form of communication until further written notice.

“Allow” will enable Wiregrass Eyecare of Ozark to send me my personal health information including eyeglass and contact lens prescriptions via email. The provided email address below will be used as the official method of communication.

Please list all email addresses authorized to receive information:

“Do Not Allow” will keep your physical mailing address as the primary method of communication.

Signature: _____ Date: _____