



Laurel Health Physiotherapy & Wellness

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EMAIL CONSENT FORM

PLEASE READ CAREFULLY

I consent to email communication from Laurel Health Physiotherapy & Wellness 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

(Laurel Health Physiotherapy & Wellness respects your privacy. We do not sell, rent, loan or transfer any personal information regarding our clients to any third parties.)