

Pro-Optix Eye Care
5885 San Felipe Suite 550
Houston Texas 77057

Consent to photograph and contact via SMS text:

- ☐ I agree for Pro-Optix Eye Care and its employees, the right to take a photograph of me, with or without my name for the purpose of advertisement, social media, and/or web content.
- ☐ I do not agree for Pro-Optix Eye Care and its employees, the right to take a photograph of me, with or without my name for the purpose of advertisement, social media, and/or web content.
- ☐ I agree that Pro-Optix Eye Care may contact me via SMS text for reminder of future set appointments and/or for office promotions.
- ☐ I do not agree that Pro-Optix Eye Care may contact me via SMS text for reminder of future set appointments and/or for office promotions.

Signature_____

Date_____