

Balance & Thrive, LLC
666 Godwin Avenue, Suite 300, Midland Park, NJ 07432

Request for Appointment Confirmation & Cancellation through Text or Email.

Patient Name: _____ Patient ID #: _____

I hereby request Balance & Thrive, LLC to:

___ Text me appointment confirmations and cancellations through Theranest (Balance & Thrive's HIPAA compliant practice management system) at the following number:

___ Email me appointment confirmations and cancellations through Theranest (Balance & Thrive's HIPAA compliant practice management system) at the following email:

Signature of Patient or Legal Representative

Date

Printed Name of Patient's Representative (if applicable)

Relationship to Patient (if applicable)

- Parent or guardian of unemancipated minor
- Court appointed guardian
- Executor or administrator of decedent's estate
- Power of Attorney