



**Paul W. Diabal, MD, FACP, FACC, FAHA
Cardiovascular Research Associates, PA**

300 Beardsley Lane C-101

Austin, TX 78746

Phone (512)454-3333 Fax (888) 894-0872

Consent For Electronic Communication

Patient Name: _____ Date of Birth: _____

Mobile Number: _____

Email address: _____

Please Initial each accordingly below:

____ I agree to the practice of communicating via text and email.

____ I will advise the practice if I change my mobile number or email address.

____ I agree to receive a reminder of my appointment via text message.

____ I agree to communication with the nurse via text message and email as needed.

Name: _____

Signature: _____

Date: _____