P3 Medical Group

Built by **Doctors.** Loved by **Patients.**

Consent to Contact

Patient Name: _____ DOB: _____

I agree to allow P3 Medical Group to contact me by email, mobile phone and/or text message regarding my healthcare. I may withdraw my consent at any time by contacting P3 Medical Group at 702-333-4700.

I would also like to receive updates and information via email from P3 Health Partners Nevada regarding events, happenings and new services. If you would like to receive updates and information from P3 Health Partners Nevada, please initial. _____

This personal information is being collected under the authority of P3 Medical Group. It will not be used or disclosed for other purposes.

I certify that I have read and fully understand the above statements and consent fully and voluntarily to allow P3 Medical Group to contact me.

Patient Signature: _____ Date: _____

Personal Representative: _____ Relationship: _____

Staff Signature: _____ Date: _____