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SMS/Text Messaging Consent & Terms and Conditions– Arch City Foot & Ankle

Patient Name: _____ **Mobile Phone Number (required):**
_____ (Format: (XXX) XXX-XXXX – This is the number we'll text.)

I consent to receive text messages from Arch City Foot & Ankle for non-emergency patient care communications (appointment reminders, scheduling, follow-ups, billing, test results, etc.).

I understand:

- Texts are not encrypted and carry some security risk.
- SMS consent is not shared with third parties
- Standard carrier message/data rates may apply—I'm responsible for charges.
- I can stop anytime by replying "STOP," calling, or notifying the office in writing.
- For emergencies, call the office directly. No marketing texts.
- Messaging frequency may vary.
- Message and data rates may apply.
- To opt out at any time, text STOP.
- For assistance, text HELP or visit our website at <https://www.feetdoc.com>.
- Visit <https://www.feetdoc.com/wp-content/uploads/2026/02/NOTICE-OF-PRIVACY-PRACTICES-2026.pdf> for privacy policy

By checking this box above, I consent to receive SMS from Arch City Foot & Ankle. Reply STOP to opt-out; Reply HELP for support; Message & data rates may apply; Messaging frequency may vary. Visit <https://www.feetdoc.com/privacy-policy/> to see our privacy policy and <https://www.feetdoc.com/privacy-policy/> our Terms of Service. By checking the box and submitting, I give my consent.

Electronic Signature (type name): _____ **Date:** _____