

Warning and Consent to be Contacted by Evolution Medical

I, the undersigned, _____ residing at:

_____ acknowledge that I have been informed of and understand the following terms regarding my consent to be contacted by the company Evolution Médical.

1. **Purpose of Contact:** I agree to be contacted by Evolution Médical for the purpose of receiving information and updates related to the products and services offered by the company relating GameReady equipment.
2. **Modes of Communication:** I consent to Evolution Médical contacting me through the following methods: phone, email, text messages, postal mail, and other similar communication channels.
3. **Frequency of Contacts:** I understand that contacts from Evolution Médical may be occasional or regular, depending on the information to be communicated, ongoing promotions, and relevant updates.
4. **Data Protection:** I understand that my personal data will be processed in accordance with Evolution Medical's privacy policy. My information will not be shared with third parties for marketing purposes without my explicit consent.

By signing this form, I confirm that I have read and understood the terms of this consent, and I agree to be contacted by Evolution Médical in accordance with the conditions stated above.

Date: _____

Signature: _____

Phone Number: _____

E-Mail: _____

Please send by email to soins@jehangermontreal.com with a copy of your prescription.