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I, \_\_\_\_\_ give Infinity Wellness permission to send me appointment information, office closures, supplement pickup alerts, and other non-medical related information via *text message*.

Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ give Infinity Wellness permission to email me information regarding my test results.

Email: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_