



Smith Chiropractic would like to contact you via text messaging and/or email using your personal phone and email address regarding appointment reminders and office information. Please initial below if you agree / or do not agree to being contacted via text messaging and email.

_____ Yes, I AGREE that Smith Chiropractic may use my cell phone and/or email listed below to send text messages or email for the purpose of appointment reminders and office information.

Cell / Text Messaging Number: _____

Email Address: _____

_____ No, I do NOT want Smith Chiropractic to use my cell phone or email to messages for the purpose of appointment reminders and office information.

Print Name:

Signature: _____ Date: _____