



Consent to use Text Message

We now have the ability to text you, reminding you of your appointments. If you would like to receive this feature in the future, please read the consent below and sign.

Consent to Text Message for Appointment Reminders and Other Healthcare Communications:

Patients in our practice may be contacted via text messaging to remind you of an appointment, to obtain feedback on your experience with our healthcare team, and to provide general health reminders/Information.

I consent to receiving appointment reminders and other healthcare communications/information at that text from Atlas Specific Chiropractic, Inc.

_____ (Patient Initials) I consent to receive text messages from the practice at my cell phone and any number forwarded or transferred to that number.

The cell phone number that I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information is

(_____) _____ - _____ Carrier: _____

I understand that this request to receive text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing.

Patient Name (printed) Relationship to patient

Patient or legal Guardian Signature Date

Witness Signature (office staff) Date