



Cunningham Chiropractic PC
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Attention Patients:

We now have the ability to email and/or text you, reminding you of your appointments. If you would like to receive reminders, please read and consent below.

Consent to Email and or Text Message for Appointment Reminders:

EMAIL:

I consent to receiving appointment reminders to the email I provided below from Cunningham Chiropractic. The email address is: _____.
 (Patient Initials) _____

TEXT MESSAGE:

I consent to receiving appointment reminders to the cellular phone number I provided below from Cunningham Chiropractic. The cellular phone number is: _____ and my phone carrier is: _____.
 (Patient Initials) _____

I understand that this request to receive emails and/or text message will apply to all future appointments unless I request a change in writing. I also understand I should check with my cellular phone service regarding standard text messaging rates and data usage.

Patient Signature: _____ Date: _____

Print Name: _____

Staff only:
 Signature: _____ Date: _____