

Patriot Chiropractic Center
3195 Old Lee Hwy., Ste 22C
Fairfax, VA 22030
(703)385-7007 Fax (703)385-4384
patriotchiropractic@verizon.net

CONFIDENTIAL PATIENT EMAIL AND TEXT MESSAGE CONSENT

I would like to receive email and/or text messages from Patriot Chiropractic Center. I understand that the content may relate to any aspect of the medical record for the patient listed below only and may include confirmation of an appointment or a reminder alert.

On occasion, I understand that I may receive an email or text message from Patriot Chiropractic Center asking for my feedback on services rendered. My participation in this is entirely optional. I understand that my review may be posted on the internet.

Should I wish to withdraw consent I accept that I must give notice to the office in writing. I will advise the practice of any changes to my email or mobile number and fill out a new consent form as required.

I confirm that I understand the above statement.

Name: _____

Signature: _____ Date: _____

Mobile Telephone: _____

Email: _____