

Patriot Chiropractic Center, P.L.C.
3915 Old Lee Hwy, Ste. 22C
Fairfax, VA 22033
(703) 385-7007 Fax (703) 385-4384
patriotchiropractic@verizon.net

Email and Text Messaging Consent Form

Patient: _____

File: _____

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 above 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: _____