Carmack Chiropractic and Sports Therapy

Authorization for Voice and Text Message Appointment Reminders

By signing this form, I authorize Carmack Chiropractic and Sports Therapy to send appointment reminders via voice or text messages to my cell/home phone. I understand that this service is offered free of charge, however standard text messaging rates from my mobile carrier may apply.

If our office does not receive a response to the text message or we leave the patient a voicemail, the patient/parent/legal guardian is still responsible for the appointment.

___ I decline and DO NOT want to receive voice/text messages at this time.

___ I accept and please activate **voice** message reminders for the following mobile/home phone number:

___ I accept and please activate **text** message reminders for the following mobile phone number:

My preferred method of reminder is ___ voice ___ text

PATIENT NAME: MOBILE/HOME #:

_____ _____

Patient Signature: _____ Date: _____

OR

Parent/Legal Guardian: _____ Date: _____

Phone: 972.899.9818
200 Continental Dr, Lewisville, TX 75067