



Alexander Chiropractic Text Messaging Consent Form

Patient's Name: _____
Date of Birth: _____ (Must be aged 17 or over)
Mobile Tel. #: _____

I would like to receive text messages to the above mobile telephone from Alexander Chiropractic and understand that the content may include confirmation of an appointment or a reminder alert.

Should I wish to withdraw consent I accept that I must give at least 2 days' notice in writing or by phone quoting the above mobile number. I will advise Alexander Chiropractic if I change my mobile number and understand that a new consent form is required.

Text message appointment reminders will only be sent to the patient attending an appointment, not to the person making the appointment if different.

I confirm that I understand the above statement and that I am the patient listed above. I understand that it is my responsibility to advise the Alexander Chiropractic to stop sending texts to the telephone number listed.

Full Name: _____
Signature: _____
Date: _____

* I am aware that my cell service provider may charge additional fees if I do not have a text messaging feature on my phone plan. Text messages will be sent from (251) 210-7024. You may also text appointment requests and/or appointment changes to this number.

** Please **do not** call this number. It is to be used for text messages only.