

Authorization to Contact Via Text/Email

We have had an unexplainable and frustrating increase in no show and no call missed appointments. It has impacted our business to the point where it affects how we schedule. We are trying to streamline things and make it better for everyone.

We are implementing a new system for text and email reminders. If you would like to be part of this, Give us your preferred mobile device or email. You may get reminded on both formats. You can easily opt out of either when you get them. (This form will be Scanned into your file)

I _____(print name) Understand by signing this, I give Switzer Family Chiropractic permission to contact me for **only appointment reminders and pertinent changes to the office hours or closures**. I have the option at anytime to opt out of said communications.

_____(Signature)

_____(Date)

_____(Mobile Phone)

_____(Email Address)

Please Sign here if you choose to not receive text or email communication. If you decide this option, a no show and no call missed appointment will result in you being billed for your missed appointment

_____(Signature) I understand by signing this I am fully responsible for keeping track of my appointments and will contact SFC if I cannot make my appointment within **(12 hours)** of my scheduled time.

_____(Signature of SFC official)