



Communication Permissions

I hereby give CK Chiropractic Office, P.S. permission to send text message appointment reminders to my mobile device:

Yes No

I hereby give CK Chiropractic Office, P.S. permission to send text message appointment reminders, recalls, newsletters, and birthday greetings to my email:

Yes No

I hereby give CK Chiropractic Office, P.S. permission to call me on the telephone with test results or missed appointment reminders:

Yes No

Patient Name (printed)

Patient Signature

Date