



DOVER FAMILY CHIROPRACTIC, P.A.

Dr. Bryan R. Errico, D.C.
Dr. Tyson R. Bohl, D.C.
Dr. Brandon D. Hughes, D.C.

120 Old Camden Road, Suite C
Camden, DE 19934
Telephone: (302) 531-1900
www.doverfamilychiro.com

PATIENT TEXT MESSAGE & E-MAIL CONSENT FORM

Name: _____

Names of Children under 18: _____

Please check the box for your preferred method of communication; **BOTH** if you want to receive both:

Mobile Number: _____ Email address: _____

1. I consent to Dover Family Chiropractic contacting me by Text Message and E-mail for the purpose of receiving appointment reminders on my mobile phone.
2. I acknowledge that appointment reminders by text are an additional service and that these may not take place on all occasions and that the responsibility of attending appointments or rescheduling them still rests with me. I understand that if I am not able to keep an appointment I will contact Dover Family Chiropractic to reschedule.
3. Text messages are generated using a secure facility but I understand that they are transmitted over a public network onto a personal telephone and as such may not be so secure.
4. All patients have the right to change their minds and have this service stopped. If you no longer wish to receive these reminders please notify the Dover Family Chiropractic front desk.
5. Please note we cannot accept incoming text messages. If you change your mobile number or e-mail address please inform Dover Family Chiropractic.

Please mark the box beside all notifications that you wish to receive:

- | | |
|--|---|
| <input type="checkbox"/> Appointment reminders | <input type="checkbox"/> Birthday Celebration |
| <input type="checkbox"/> Appointment follow up | <input type="checkbox"/> Office Notification |

Signed: _____

Date: _____