

The Chiropractic Office of Watts Chiropractic, LLC

Patient Authorization for appointment reminders and scheduling related matters

It is our desire to use your name, address and/or telephone number for the purpose of contacting you to remind you about scheduled appointments, re-evaluations or other appointment related issues.

The use of this information is intended to make your experience with our office more efficient and productive. If you choose not to authorize this information your decision will have no adverse effect on your care from Watts Chiropractic or on your relationship with our staff.

Your signature indicates your authorization of this activity.

Name (printed) Signature Date

This authorization may be revoked by you at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable processing time for the change in our system to be completed.

Patient Authorization for contact regarding chiropractic care, related health services and/or related health products

It is our desire to use your name, address and/or telephone number for the purpose of contacting you to advise you about health related meetings, workshops, and products.

The use of this information is intended to make your experience with our office more efficient, productive and to further enhance your access to quality health care.

If you choose not to authorize this information your decision will have no adverse effect on your care from Watts Chiropractic or on your relationship with our staff.

Your signature indicates your authorization of this activity.

Name (printed) Signature Date

This authorization may be revoked by you at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable processing time for the change in our system to be completed.