

SMS Opt-In Form North Suburban Chiropractic and Acupuncture:

- **Full Name:** [_____]
- **Phone Number:** [_____] (Please provide a valid phone number for text message reminders)
- **Email Address (optional):**
[_____]
- **Preferred Time for Reminder (optional):** [_____]

I agree to receive text message reminders (check box):

[] Yes, I agree to receive SMS text message reminders for [appointment reminders].

[] I understand that by opting in, I am consenting to receive automated messages and that message & data rates may apply.

Terms and Conditions:

By checking the box above, I agree to the North Suburban Chiropractic and Acupuncture SMS Terms and Conditions and Privacy Policy. I understand that message frequency may vary, and message & data rates may apply.

Signature

Date