

SMS Opt-OUT 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 DO NOT agree to receive text message reminders (check box):

NO, I do NOT agree to receive SMS text message reminders for [appointment reminders].

I understand that by opting OUT, I am consenting to NOT receive automated messages.

Terms and Conditions:

By checking the box above, I DO NOT 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