

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.

By signing this form and providing your phone number, you agree to receive SMS appointment reminders from North Suburban Chiropractic and Acupuncture. Message frequency may vary. Standard Message and Data Rates may apply. Reply STOP to opt out. Reply HELP for help. Consent is not a condition of purchase. Your mobile information will not be sold or shared with third parties for promotional or marketing purposes. "

Signature

Date