

Irwin Family Chiropractic Clinic (IFCC)

Date \_\_\_\_\_

It is important that we have accurate contact information for you. Cell phone numbers and e-mail addresses will be used for the purpose of sending out appointment reminders.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Primary/Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_  
(ex. AT&T, Verizon)

E-mail address: \_\_\_\_\_

Please initial each line below for the manner in which you allow Irwin Family Chiropractic Clinic to contact you.

\_\_\_\_\_ I permit IFCC to contact me at the above E-Mail Address including appointment reminders and occasional health information

\_\_\_\_\_ I permit IFCC to contact me at the above Primary/Home Number including leaving a message

\_\_\_\_\_ I permit IFCC to contact me at the above Cell Phone Number including leaving a voice message or text appointment reminder