

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

It is our desire for our staff to use your name, address, e-mail 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. This information will be used by the staff of Propper Chiropractic, LLC only.

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

Your signature indicates your authorization of this activity.

Name (printed)

Signature

Date

You may revoke this authorization 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.