

***Bloom Chiropractic Co.***

7300 Westown Parkway, Suite 210  
West Des Moines, IA 50266  
(515)650-1662



**Communication Consent Form**

Patient(s) Name: \_\_\_\_\_

By signing this Text Messaging Service Agreement, you are authorizing Bloom Chiropractic Co. to send you text messages regarding appointments, follow up reminders, and other information that may pertain to your care. We will not send you text messages without your consent. Please note that anyone who uses your cell phone or who has access to it might see these messages. Communication service providers used by you or Bloom Chiropractic Co. may also be able to see these messages. Text message charges may apply depending on your text message plan. You may stop this service by texting STOP to any message or by calling (515)650-1662.

I understand this service is optional and I can stop it at any time. I would like to receive text messages from Bloom Chiropractic Co.

\_\_\_ Yes

\_\_\_ No

We are determined to make your care a positive experience. So we can accommodate your preferences to the best of our ability, what is your preferred method of communication? Please check one.

- ☐ Email
- ☐ Call
- ☐ Text

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_