

***Sea View Chiropractic Center
Coast View Chiropractic Center***

5252 Balboa Ave. Ste. 1002

San Diego CA 92117

858-278-2181

EMAIL STATEMENT

Much of the correspondence from this office is now done via email. This includes (but may not be limited to) our Monthly Newsletter, billing, appointment information, massage specials and special events. Please provide us with your email address so we may better serve you.

First and Last Name: _____

Email address: _____

We are bound by patient confidentiality laws to never share your email address. Thank you.

TEXT MESSAGE APPOINTMENT REMINDERS

By signing below, I authorize Sea View, Coast View and Axis Rehabilitation to contact me by SMS text message for appointment reminders. I understand that message/data rates may apply under my mobile phone plan.

My mobile phone number is: _____

I know that I am under no obligation to authorize Sea View, Coast View and Axis Rehabilitation to send me text messages. I may opt-out of receiving these communications at any time by calling the office at 858-278-2181.

PAYMENT POLICY

Payment is expected at the time of treatment unless other arrangements are made in advance.

CANCELLATION POLICY

We look forward to working with you. The time you schedule is set aside especially to address your individual needs. If unable to keep your appointment, we ask that you kindly provide 24 hour notice. We reserve the right to charge \$25 for last minute cancellations or no-shows.

I understand and agree to the above policies.

Date: _____ Signature: _____

Dr. Jeffry Hays D.C. Dr. Guy Carter D.C. Dr. David Huynh D.C.