



University Chiropractic

303 S. University Rd, Spokane, WA 99206, phone (509) 922-4458, fax (509) 922-8234

Dr. Karl V. Smith

"From Pain Relief to Wellness"

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, and or telephone number for the purpose of contacting you to advise you about health related meeting, 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 healthcare.

If you choose not to authorize this information your decision will have no adverse effect on your care from the doctors at University Chiropractic or on your relationship with our staff.

Printed Name

Signature

Date

This authorization may be revoked by you 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.