

Welcome. Please fill in your details. The doctor goes over your health history with you at the visit.

About you

First name _____ Last name _____

Date of birth _____ Email _____

Street address _____

City _____ State _____ ZIP _____

Emergency contact _____ Their phone _____

Your mobile phone and text messages

Mobile phone number _____

Text messages are optional. Check the box for each kind you want. Leave both empty for no texts.

☐ **Yes, text me about my care.**

Visit reminders and confirmations, check-ins, intake and payment links, receipts and replies to my messages. Some come from Axis, our automated assistant. Texts are not encrypted, so health details are never in them.

☐ **Yes, also text me occasional offers (optional).**

I am opting into marketing texts from Axis Spine & Disc, a few times a year at most.

By checking a box below, signing this form and providing your phone number, you agree to receive the SMS messages you checked from Axis Spine & Disc: visit reminders and confirmations, check-ins, intake and payment links, receipts and replies to your messages, and, only if you check the second box, occasional promotional offers. Message frequency may vary. Standard Message and Data Rates may apply. Reply STOP to opt out. Reply HELP for help. Consent is not a condition of purchase. Your mobile information will not be sold or shared with third parties for promotional or marketing purposes.

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Patient signature _____ Date _____