

ULTIMA CHIROPRACTIC – 600 Winters Avenue, Paramus, NJ 07675
201.634.8755

**Patient Authorization for appointment reminders
and scheduling related matters**

It is our desire to for our staff to use your name,
address and/or telephone number for the purpose of
contacting you to remind you about scheduled
appointments, re-evaluations or other appointment
related issues.

The use of this information is intended to make your
experience with our office more efficient and productive.
If you choose not to authorize this information use your
decision will have no adverse effect on your care from
_____ or on your relationship with our staff.

Your signature indicates your authorization of this
activity.

Name (printed) 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.