Shepherdsville Chiropractic and Rehab, LLC Dr. David Dahlkamp, D.C.

Shepherdsville Chiropractic and Rehab likes to stay in contact with our patients as much as possible.

By providing us with your phone number, you are giving us permission to text you an appointment reminder to your cellphone.

By giving us your email address you are giving us permission to email you upcoming events and health related information.

You can unsubscribe any time by calling the office and informing us you wish to be removed from receiving emails.

Cell phon	,		
Cell phone Number (for text message reminders)		E-Mail Addres	
Printed Na	ame	Relationship	
Signature of Patient or Personal Representative		Date	
	I would prefer Shepherdsville Chiropractic to cappointments and/or information regarding m Please leave message on answering m Please only leave message with me.	y account.	
	Chiropractic regarding my appointments a regarding my account.	and/or information	
	I would like to receive text message alerts	-	