

**Bi-County Chiropractic  
42950 Schoenherr Road  
Sterling Heights, MI 48313**

**586-247-0100**

**Preferred Method of Contact**

**Name:** \_\_\_\_\_

**Please provide our clinic with a phone number or email address that you will permission to our clinic to call you or leave a message on regarding your treatment plan, appointments or any other pertinent information. If you prefer emails only, please indicate so.**

**Phone number:** \_\_\_\_\_

Indicate if cell, work, or home

**If you prefer an email address, please provide the email information:**

**By signing this form you are giving Bi-County Chiropractic permission to leave any information regarding your treatment at our clinic to the source provided.**

**Date**\_\_\_\_\_

**Signature**\_\_\_\_\_