



Osteopathic Healthcare of Hallowell

Name: _____

Email: _____

Phone Number: _____

Message: _____

- Yes, I agree to receive text messages from Osteopathic Healthcare of Hallowell at the phone number listed above. I understand that message frequency varies and may include customer communications and followups, and the identity of my healthcare provider. I understand that message and data rates may apply, and that I can opt out any time by replying “stop” or “unsubscribe.”

- No, I do not wish to receive text messages from Osteopathic Healthcare of Hallowell