

Agreement to Receive Electronic Communication

Patient Name: _____ Date of Birth: _____

I agree that the dental practice may communicate with me electronically at the email address and/or cell phone number listed below.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails and/or text messages.

I am responsible for providing the dental practice any updates to my communication preferences.

I can withdraw my consent to electronic communications by calling:

(586) 739-1210

Email Address (PLEASE PRINT CLEARLY):

_____ @ _____

Cell phone number:

(_____) _____

Patient Signature: _____

Date: _____

Please check here if you would like to receive statements electronically.