

Consent to Communication Delivery Methods

Last Name

First Name

Date

Do we have permission to:

Confirm Dental Appointments and send re-care reminders

- Text Message 1 week and 1 day before appointment
Cell # _____
- Email message 1 week and 1 day before appointment
Email Address _____
- Mail Postcard 3 weeks before appointment
- Phone call 2 days before appointment
Best phone number _____

Reminder: Broken appointments without 24 hour notice (8:00 am Friday for Monday) are subject to a \$45.00 fee per patient.

Do we have permission to:

- Send x-rays and/or relevant, dental information to other dental/medical professionals of your choosing

The following people have my permission:

- Accompany my child to dental visits
- Authorize dental treatment on my behalf

List any special requests with whom you may or may NOT want information shared

Signature of Patient or Patient Representative