

Downtown Dental
Your Smile. Our Tradition.
Agreement to Receive Electronic Communication

Patient Name: _____ Date of Birth: _____

I Agree _____

I Do Not Agree _____

That the dental practice may communicate with me electronically at the email address and/or mobile phone number listed below.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I further agree that I am responsible for providing the dental practice any updates to my email address and/or mobile phone number.

I use the following forms of electronic communication:

_____ Text Messaging to wireless number _____

_____ Email message at email address _____

I would like to receive:

Indicate 1 for preferred, 2 for second choice, check both if you would like both

_____ Appointment reminders/recall visits Text _____ Email _____ Both _____

_____ Information regarding insurance/billing Text _____ Email _____ Both _____

I would like to receive information for the following dependents

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

I can withdraw my consent to electronic communications at any time by calling:

DOWNTOWN DENTAL (803) 649-0430 aikendowntowndental@gmail.com

Patient
Signature: _____ Date: _____