

Agreement to Receive Electronic Communication

This form is how a dental practice obtains patient agreement to receive communications via email or text or voice mail/message.

Patient Name: _____ Date of Birth: _____

I agree that the dental practice may communicate with me electronically by text at the number below or by email at the email address below.

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

I am responsible for providing the dental practice any updates to my email address or cell phone number.

I can withdraw my consent to electronic communications by calling:

(405)853-4906

Mailing Address: _____

Email Address (PLEASE PRINT CLEARLY):
_____ @ _____

Cell Phone Number for text messages _____

Would you like to receive appointment confirmations via: (Please check all that apply)

_____ email

_____ text message

_____ phone call/voice mail

Patient Signature: _____

Date: _____

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