

**Please fill out this form ONLY if you want to be contacted by Email/Text.**

You have requested that our practice communicate with you electronically.

**Consent and Acknowledgement**

I, \_\_\_\_\_, agree that the practice may electronically communicate with me:

- Email Address \_\_\_\_\_
- Text Phone Number \_\_\_\_\_
- Both

**Patient's Date of Birth** (for verification purposes) \_\_\_\_\_

**Acknowledgement**

You must acknowledge each of the following before we can send communications electronically.

\_\_\_\_\_ I am responsible for providing the dental practice any updates to my email address.

\_\_\_\_\_ I am responsible for providing the dental practice any updates to my text number.

\_\_\_\_\_ I can withdraw my consent to electronic communications by calling (972) 370-2125.

**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_