



Agreement to Receive Electronic Communication (Email and Texting Permission)

Patient Name: _____ Date of Birth: _____

I agree that the dental practice may communicate with me electronically at the email address and/or texting number 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.

I can withdraw my consent to electronic communications by calling: 516-365-5595

Email Address (PLEASE PRINT CLEARLY): _____

Texting cell Number (PLEASE PRINT CLEARLY): _____

Patient Signature: _____

Date: _____