

## Agreement to Receive Electronic Communication (Email and Texting Permission)

Patient Name:	Date of Birth:
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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: