

Agreement to Receive Electronic Communication

I agree that Pedodontic Associates, Inc. may communicate with me electronically for appointment confirmation via method indicated below.

I am responsible for providing the dental practice any updates to my information.

I can withdraw my consent to electronic communications by calling:

Pedodontic Associates, Inc. @

I would like to receive confirmation of appointments via: ___ TEXT ___EMAIL

- Text Number : _____ - _____ This is: Mother / Father number
- Text Number: _____ - _____ This is: Mother / Father number
- Email Address: _____

***There is some level of risk that third parties might be able to read unencrypted emails.**

Name of Patient: _____
(Print)

Parent/Guardian Name: _____
(Print)

Signature: _____

Date: _____

For Office Use Only

Received by: _____ Date: _____ Patient's Acct. No.: _____

