



COMMUNICATION CONSENT

Parkside Dental, P.C. sends healthcare information such as appointment reminders and information about treatment, payment, account, insurance, and other communications.

Please tell us how you would like us to communicate with you.

Patient Name: _____ **DOB:** _____

Address: _____

For Telephone, Text Message, and Electronic Mail Communications:

I consent to the following:

The dental practice or its service provider may contact me to provide health care information such as appointment reminders and information about treatment, payment, account, insurance, and other communications using artificial or prerecorded voice or telephone equipment that may be capable of automatic dialing.

The dental practice may:

Contact me by telephone at the following number: _____

Contact me by text message at the following number: _____

Contact me by e-mail at the following address: _____

Signature: _____ **Date:** _____

Please call the office right away if you get a new phone number or change your address!