



Patient E-mail and Text Messaging Consent Form

Patient Name: _____ Date of Birth: _____

Due to the changing world of health care and technology, we now have the ability to provide our patients with certain types of information via e-mail and/or text messaging. If you wish to have the opportunity to receive information of this type, please complete the form below.

- Yes, please sign me up to receive e-mail and text messaging confirmations.
- I do not wish to be contacted via email. (Text messaging only)
- I do not wish to be contacted via text messaging. (E-mail only)
- I do not wish to be contacted by either text messaging or email.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails and/or text messages.

I am responsible for providing the dental practice any updates to my email address or cell phone.

I can withdraw my consent to electronic communications by calling: 252-504-2138

Patient E-mail Address: _____

Patient Cell Phone: _____

Patient Signature: _____ Date: _____