

PATIENT COMMUNICATION PREFERENCES

To Our Valued Patients:

We are updating our records to determine the best way to communicate with you regarding treatment and appointments in our practice, as well as information regarding your dental health.

Please let us know your preferred method for receiving phone messages from us:

- Cell phone – number: _____
- Home phone – number: _____
- Work phone – number: _____

In the event you cannot be reached by phone, is there someone we may leave a message with? (e.g. spouse, partner) Name: _____
Relationship: _____ Phone number: _____

May we send text messages to you regarding your appointments? ____ Yes ____ No
Please send text messages to (number) _____

May we send e-mail messages to you regarding your appointments? ____ Yes ____ No
e-mail _____

In the future we may send electronic billing statements to you when applicable.

Would you like to receive electronic statements from our practice? ____ Yes ____ No
Same e-mail ____ Yes other _____

Would you like to receive electronic newsletters from our practice? ____ Yes ____ No
Same e-mail ____ Yes other _____

For which family members does this apply?

Name

Signature

Date