



PATIENT E-MAIL AND TEXT MESSAGING REGISTRATION FORM

Due to the changing world of healthcare and technology, Alliance Family Dental now has 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.

Alliance Family Dental believes strongly in protecting the privacy of our patients. When you provide this information to us, it is only used as a way to communicate with you. In order to protect your privacy, no confidential or personal information will be sent from Alliance Family Dental via email or text messaging. Alliance Family Dental does not share the names, e-mail addresses, and/or telephone numbers of patients with any other company, or with any other patient.

Please print all information neatly and legibly.

Name _____

E-mail address _____

Cell Phone _____

- 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. (Email only)
- I do not wish to be contacted by either text messaging or email.

I hereby give Alliance Family Dental permission to send messages to me via email and/or text messaging as means of communication as indicated by my selection above.