

PATIENT COMMUNICATION FORM

Email & Text Messaging

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. Alliance Family Dental believes strongly in protecting the privacy of our patients. If you wish to have the opportunity to receive information electronically, please complete the form below. Examples of the types of messages include appointment confirmations, responses to appointment requests, and updates to the clinic schedule due to inclement weather. In order to protect your privacy, no confidential or personal information will be sent from AFD via email or text messaging. We do 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 message confirmations.*
- I do not wish to be contacted via email. (Contact me via text messaging only.)*
- I do not wish to be contacted via text messaging. (Contact me via email only.)*
- I do not wish to be contacted by either text messaging or email.*
- Only call me via home, work or cell (no text 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.

Telephone Confirmations

As a courtesy, we also provide appointment reminders and confirmations by phone as necessary. In the event that we are unable to reach you directly, please provide

I hereby DO or DO NOT give permission to leave messages on my answering machine/voice mail regarding appointment reminders. Preferred phone number: _____

I hereby DO or DO NOT give permission to leave messages with other members of my household regarding appointment reminders. Name(s): _____

Patient/Guardian Signature

Date