

# SmileSketchVegas

## Agreement to Receive Electronic Communication

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

( Please Initial below)

I \_\_\_\_\_ DO AGREE      I \_\_\_\_\_ DO NOT AGREE

That the SmileSketchBoston dental practice located at 47A River St Wellesley Hills, MA 02481 may communicate with me electronically at the email address and/or mobile phone number listed below.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I further agree that I am responsible for providing the dental practice any updates to my email address and/or mobile phone number.

My most preferred method of electronic communication:

( Please Initial below)

\_\_\_\_\_ Text Messaging

\_\_\_\_\_ Email    or **BOTH** \_\_\_\_\_

I would like to receive:

\_\_\_\_\_ Appointment Reminders/Recall Visits

\_\_\_\_\_ Information regarding insurance/billing

\_\_\_\_\_ Requests for Patient Satisfaction online reviews

My Email: \_\_\_\_\_

My Cell: \_\_\_\_\_

I can withdraw my consent to electronic communications at sending an email with your Name and statement to withdraw my consent to all electronic communications. Email this request to: [info@smilesketchboston.com](mailto:info@smilesketchboston.com)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SmileSketch Team Member \_\_\_\_\_