



602-1 College Avenue + Clemson, South Carolina 29631
864-654-6813 + 864-654-4882 + Fax 864-654-0139

How would you like us to communicate with you?

Our dental office sends appointment reminders, information about treatment, payment and insurance, and other communicates. Please tell us how you would like us to communicate with you.

Your name: _____ today's Date: _____

Check or complete **all that apply** (please print clearly):

- Contact me by U.S. Mail at the following address: _____
- Contact me by email at the following email address: _____
 - Phone # _____
 - Cell # _____
- By checking this box, I consent to the following:** The dental practice or its service provider may contact me to provide health care information such as appointment reminders and information about treatment, payment, my account or insurance, using artificial or prerecorded voice or telephone equipment that may be capable of automatic dialing.

The dental practice may:

- Call me
- Text me
- Email
- All of the above

Signature: _____ Date: _____

Please call the dental office right away if you get a new telephone number!

For Office Use Only:

- Consent revoked. Date/Initials: _____ / _____
- Possible reassigned number. Date/Initials: _____ / _____
- Confirmed accurate.

Date/Initials: _____ / _____	Date/Initials: _____ / _____
Date/Initials: _____ / _____	Date/Initials: _____ / _____
Date/Initials: _____ / _____	Date/Initials: _____ / _____