

The Kid's Dentist

Patient Communication Consent

Patient Name: _____

Do we have permission to:

Send recall appointment reminders to your home? YES NO

Send text messages regarding appointments? YES NO

Send emails regarding appointments? YES NO

Leave the following information on your answering machine/voicemail:

Appointment Information YES NO

Billing Information YES NO

Dental/Medical Information YES NO

Do we have permission to contact you at work? YES NO

I give permission to share **appointment** information with:

Name: _____ Relationship to Patient: _____

I give permission to **dental/medical** information with:

Name: _____ Relationship to Patient: _____

I give permission to share **billing** information with:

Name: _____ Relationship to Patient: _____

Parent/Guardian Signature: _____ Date: _____