



Patient Name: _____ Date of Birth: _____

- I agree that the dental practice may communicate with me electronically at the email address below.
- I am aware that there is some level of risk that third parties might be able to read unencrypted emails.
- I am responsible for providing the dental practice any updates to my email address.
- I can withdraw my consent to electronic communication by calling: 828.277.6868.

Email Address (PLEASE PRINT CLEARLY)

Patient Signature: _____

Date: _____