

Dwaine E. Valentine, D.D.S., Inc.

HOW WOULD YOU LIKE FOR US TO COMMUNICATE WITH YOU?

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

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Check all that apply (Please print clearly):

- Contact me by U.S. Mail at the following address:

\_\_\_\_\_

- Contact me by email at the following address:

\_\_\_\_\_

FOR PHONE AND TEXT COMMUNICATIONS:

Phone number: \_\_\_\_\_

- By checking this circle, I consent to the following: Our dental practice or its service provider may contact me to provide health care information such as 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
  - Call and text me

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

Please call our office if any of your contact information changes.