

Permission for Confirmation via Electronic Media:  
Permission to Discuss Financial Information:  
Permission to Discuss Treatment Plans:

In an effort to streamline communication with our office, we are asking for your permission to contact you via electronic media for confirmation of appointments, to be able to discuss financial information with you and to discuss treatment plans with you. Your expressed written permission is requested and will be placed in your personal dental chart.

Please indicate with a Yes or No as to whether you agree to this policy and provide your email address for our records.

\_\_\_\_\_ YES, I do give permission to contact me via email for confirmation, permission to discuss financial information and treatment plans.

\_\_\_\_\_ NO, I prefer not to be contacted via email for confirmation, I do not wish to discuss financial information and treatment plans.

Patient Name:  
Email Address: