# COMMUNICATION CONSENT FORM

I consent to ***Aaron Tropmann DDS., PA. & Gary D. Oyster, DDS.*** contacting me electronically by the email address and/or cell phone below for the purpose of receiving appointment reminders, notification that I need to make an appointment, dental records, survey regarding dental visit, or reminders of uncompleted treatment.

I understand that during the transmission of these messages, the information contained at one point or another may pass through a public network and onto a personal electronic device and as such the transmission may not be secure. However, the practice will not transmit any personal or confidential information about your health, procedures or account status without your permission. (Please note that email messages from our office are encrypted if the message contains any personal health information).

I agree to inform the practice if my email address or cell phone number changes. I understand and acknowledge that I can cancel this consent at any time.

Email Address (please print clearly):_____

Cell Phone Number (for text messaging): _____

If you would **NOT** like to be contacted by email or text messages you may **Opt Out** of one or both by initialing below.* If you change your mind at any time, you may call us at (919) 876-2087.

____ I elect to Opt **Out** of email
____ I elect to Opt **Out** of text messaging

_____ _____
Patient Signature Date

*If you choose to **Opt Out** of electronic communication, what is the best way to contact you?

Home Phone _____ Work Phone _____ Mobile Phone _____

Do you give us permission to leave messages on these devices, such as appointment times, pre-treatment estimate amounts, pre-medication reminders (if applicable), etc. Yes____ No____