



Patient Communication Opt-In Form

In order to best communicate with you, we use several methods to contact you. Please review the information below and provide your consent to your preferred method of communication.

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Communication Preferences:

Please select your preferred method(s) of communication:

- Phone
- Email
- Text Message
- Mail

Consent:

I hereby authorize Salt Lake Dental Clinic to use the provided information for the purpose of delivering healthcare services and communicating with me regarding my dental care. I understand that my information will be kept confidential and will only be shared with authorized healthcare professionals directly involved in my treatment.

I consent to the above statement.

Text Messaging Opt-In:

Please check the box below to give your consent and opt in to receive text messages from our dental office. By opting in, you agree to receive appointment reminders, important updates, and exclusive offers via text message. Standard messaging rates may apply.

I consent and opt in to receive text messages Salt Lake Dental Clinic.

**\*You can opt out at any time by replying 'STOP' to any message. Please note that messaging is not a secure form of communication, and we recommend discussing any sensitive or personal information during your office visits.**

By signing below, I acknowledge that I have read the above and agree to be contacted as noted and can opt out by contacting the office or replying 'STOP' to any messages.

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

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