



19534 Ventura Blvd. Tarzana CA, 91356

818-881-2333

Fax 818-881-2351

dentalplustarzana@gmail.com

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### **Cell Phone and Email Communication Policy**

#### **Cell Phone:**

I consent to the dental practice using my cell phone number to (choose one or both)  call or  text regarding appointments and to call regarding treatment, insurance, and my account. I understand that I can withdraw my consent at any time. My cell phone number is:

(include area code) \_\_\_\_\_ (initial)

#### **Email Communication:**

I consent to the dental practice using my email address to email me directly regarding appointments, treatment, insurance, and my account. I understand that I can withdraw my consent at any time. My email address to be contacted to is the following

\_\_\_\_\_ (initial)

**I have read the above form and have been given the opportunity to ask questions.**

X \_\_\_\_\_

**Signature of Patient or Guardian**

**Date**

X \_\_\_\_\_

**Signature of Dentist**

**Date**