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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