

Authorization for Cell Phone and Text Message Appointment Reminders

I authorize Greenhaven Family Dental to use my cell phone number to call regarding appointments, treatment, insurance and my account. _____ (Initial)

I authorize Greenhaven Family Dental to send Appointment Reminders electronically via Text Message to my mobile phone. I understand that this service is offered free of charge, however, standard text messaging rates from my mobile carrier may apply. Please activate text message reminders for the following patient/mobile phone number:

MOBILE #: _____ MOBILE CARRIER: _____

Patient Signature: _____ Date: _____
OR Patient/Legal Guardian

Authorization for Email Appointment Reminders

I consent to receiving email communications from Greenhaven Family Dental regarding treatment, insurance, my account and practice updates to the following email address:

EMAIL ADDRESS:

Patient Signature: _____ Date: _____
OR Patient/Legal Guardian