

Telephone Authorization Consent

I, _____ authorize **Family Dentistry Associates of Monona**, its Affiliates, and its Business Associates (including third party debt collectors) to contact me for any purpose associated with my account. This includes land phones, mobile phones, prerecorded voice, and automated dialing.

Patient's name: _____ Date: _____

Patient's signature: _____

Parent/Legal Guardian (if patient under 18): _____
Name

E-mail Appointment Reminders Authorization Consent

I, _____ authorize **Family Dentistry Associates of Monona** to send Appointment Reminders/Electronic communications via E-mail to the following E-mail address:

Patient's name: _____ E-mail Address: _____

Patient's signature: _____ Date: _____

Parent/Legal Guardian (if patient under 18):

Name

I am aware that there is some level of risk that third parties might be able to read unencrypted emails.

Text Message Appointment Reminders Authorization Consent

I, _____ authorize **Family Dentistry Associates of Monona** to send Appointment Reminders electronically via text message to my mobile phone. I understand that this service is offered free of charge, however standard messaging rates from my mobile carrier may apply depending on my plan.

Please activate text messaging reminders for the following patient mobile phone number:

Patient's name: _____

Patient Signature: _____ Date: _____

Mobile Number: _____ Mobile Carrier: _____

Parent/Legal Guardian (if patient under 18):

**I can withdraw my consent to electronic communications by calling
Family Dentistry Associates of Monona at 563-539-4651.**

***** OR – I decline all of these services *****

Signature: _____ Date: _____ 81318