

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 addresses:

Patient Name: _____ E-mail Address: _____

Patient's Signature: _____ Date: _____

AND/OR

Dependent patient's names:

Parent/Legal Guardian (if patient under 18):

Name: _____ Date: _____

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: _____

Mobile Number: _____ Mobile Carrier: _____

Dependent's names who are covered on this account and are 17 or younger:

Patient Signature: _____ Date: _____

OR Parent/Legal Guardian (If patient is under 18):

Date: _____

**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: _____