McGee Family Dentistry

AGREEMENT TO RECEIVE ELECTRONIC COMMUNICATION

Patient Name: _____

Date of Birth:_____

I agree that the dental practice may communicate with me electronically at the email address below.

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

I am responsible for providing the dental practice any updates to my email address.

I can withdraw my consent to electronic communications by calling:
(407) 843-0295

Email Address (PLEASE PRINT CLEARLY):

_____@_____

Patient Signature:_____

Date:_____