



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: 703-281-0466

Email Address:

Patient/Parent/Guardian Signature:

Date: