
Des Moines Dental Group
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, and via text messaging at the mobile number listed 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: **(515) 278-2361**

Email Address (PLEASE PRINT CLEARLY):

_____ @ _____

Mobile #: (____) ____ - _____ Mobile Carrier: _____

Patient Signature: _____

Date: ____/____/20____