



## Patient Communication Preferences

As our patient, we may need to communicate with you when you are not in the practice. To assure your privacy, we would like you to indicate your preferred method for us to communicate confidential information to you.

Your request will be in effect until you notify Extraordinary Smiles of a change in writing.

### **PLEASE INDICATE YOUR COMMUNICATION PREFERENCES BELOW:**

- I give permission to leave information pertaining to me, my dependent or child, at the numbers listed below.

METHOD	YES	NO	CONTACT
Home			
Answering Machine			
Work Phone			
Cell Phone			
Pager			

### **AGREEMENT TO RECEIVE ELECTRONIC COMMUNICATION:**

I, \_\_\_\_\_ agree that Extraordinary Smiles may communicate with me electronically at the email address and/or mobile phone number listed above\*. I agree to receive appointment reminders, and requests for patient satisfaction online reviews via my preferred method of electronic communication as indicated below. I further agree that I am responsible for providing Extraordinary Smiles any updates to my email address and/or phone numbers.

My most preferred method of electronic communication (Initial below):

\_\_\_\_\_ Text Messaging

\_\_\_\_\_ Email

Patient Signature \_\_\_\_\_

Date: \_\_\_\_\_

\*Please note there is some level of risk involved with electronic communication. Third parties may be able to read unencrypted emails.