



CONSENT FOR CONFIDENTIAL COMMUNICATION/RELEASE INFORMATION.

To the patient; use this form if you would like our dental office to communicate with you other than at your primary phone number/address. I understand that by checking this line below, I consent Tooth Spa Dentistry to communicate/release my information as listed.

Patient name: _____

Alternative Communication request: (please check the item that applicable to you)

Leave message on my phone/cell phonere garding your future appointment/recall/procedure.

Text me to remind my appointment. Email me to remind my appointment.

Call/text other person(s) listed on my emmergency/contact person to remind/confirmed my appointment on my behaft.

Name of authorized person: _____ Phone: _____

Name of authorized person: _____ Phone: _____

I consent the dental practice to schedule my appointment through my contact person.

I do not consent the dental practice to schedule/communicate my appointment.

I would like the dental practice to contact/communicate on my behaft as(be specific):

Your requestmay effect our normal billing and payment. Please specify any alternative method for handling payment: _____

Caution: There is some level of risk that third party might be able to read unencrypted emails.

Signed: _____ Date: _____

Witness: _____ Date: _____

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