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 emergergency/contact person to remind/confirmed my appointment on my behalf.

Name of authorized person: _____________________________ Phone: _____________________

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__ 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 behalf as( be specific):

_________________________________________________________________________________

_________________________________________________________________________________

Your request may 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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