BLUE SKY FAMILY DENTAL
Dr. Amy Li, DMD

Agreement to Receive Electronic Communication

Patient Name: _____ Date of Birth: _____

(Initial below)

I _____ DO AGREE

I_____ DO NOT AGREE

Blue Sky Family Dental may communicate with me electronically at the email address and/or mobile phone number listed below.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I further agree that I am responsible for providing the dental practice any updates to my email address and/or mobile phone number.

My most preferred method of electronic communication:

(Initial below)

____Text Messaging

____ Email

I would like to receive:

____ Appointment Reminders/Recall Visits

____ Information regarding insurance/billing

____ Requests for Patient Satisfaction online reviews

I can withdraw my consent to electronic communications at any time by calling:

INSERT YOUR OFFICE NAME|PHONE NUMBER|OFFICE EMAIL ADDRESS:

Patient Signature:_____
Date:_____

1 Billings Road, Ste 101, Quincy, MA 02171
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