**CONSENT FOR SERVICES AND FINANCIAL RESPONSIBILITY**

CONSENT TO WIRELESS TELEPHONE CALLS:

 If at any time I provide a wireless telephone number at which I may be contacted, I consent to receive calls or text messages, including but not restricted to communication regarding appointments, billing and payment for items and services, unless I notify the dental office to the contrary in writing. In this section, calls and text messages include but is not restricted to pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail , text messaging or by any other form of electronic communication from the Dental Office, affiliates, contractors, servicers, clinical providers, attorney or its agents including collection agencies.

CONSENT TO EMAIL USAGE:

 If at any time I provide an email address at which I may be contacted, Unless I notify the dental clinic to the contrary in writing, I consent to receiving discharge instructions, statements, bill, marketing material for new services and payment receipts at that email address from dental office.

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Cell-Phone Number: Email Address:

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Patient Name: Date

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Office Manager: Date