

Prevention Works Dental Hygiene
Alissa Wade RDH, IPDH
1460 Hammond Street
Bangor, Maine 04401

Agreement to Receive Electronic Communication

Patient Name: _____ Date of Birth: _____

(Initial below)

I _____ DO AGREE

I _____ DO NOT AGREE

That Alissa Wade/Prevention Works 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 is:

(Initial below)

_____ Text Messaging

_____ Email

I would like to receive:

_____ Appointment Reminders/Recall Visits

_____ Information regarding insurance/billing

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

Prevention Works Dental Hygiene at 907-2528 or email info@alissawade.com

Patient Signature: _____ Date: _____