



Agreement to Receive Electronic Communication

Due to the changing world of healthcare and technology, Lakes Region Dental Care now has the ability to provide our patients with information via email and/or text messaging. When you provide this information to us, it is only used as a way to communicate with you. Lakes Region Dental Care will not transmit any personal or confidential information about your health, procedures or account status without your permission.

I agree to receive the following information via email or text messaging:

(Please check below)

- Appointment Reminders/ Recall Visits
- Information regarding insurance/ billing
- Information regarding Pending Treatment

Email Address (please print clearly): _____

Cell Phone Number (for text messaging): _____

I can withdraw my consent to electronic communication at anytime by calling our office at (603) 524-8250.

Patient Signature: _____ Date: _____