

Endodontic Innovations

13127 Kings Lake Drive, Suite 101, Gibsonton, FL 33534

PATIENT CONSENT TO RECEIVE MAIL, E-mail &/Or TELEPHONE MESSAGES

Name of Patient's parent or legal guardian

Signature

Email Address (please print)

Do we have your permission to:

Leave appointment information on your answering machine/voice mail/email
or text messages (SMS): Yes No

I give permission to share appointment, billing or dental information with the person named
below:

Name: _____

Signature of Patient's parent or legal guardian

Date

By checking "yes" above, you consent to receiving SMS from **Endodontic Innovations** for **text messaging**. Msg. Freq. Varies, Msg & Data rates may apply. Reply HELP for help. Reply STOP to opt out.

SMS SHARING DISCLOSURE:

No mobile information will be shared with third parties/affiliates for marketing/promotional purposes at any time.

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
 - Communication barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Please Specify)
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