Patient Name:_____ Date of Birth:_____

I agree that the dental practice may communicate with me electronically at the email address below.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails.

I am responsible for providing the dental practice any updates to my email address.

I can withdraw my consent to electronic communication by calling:

734-692-0102

Email Address (please print clearly)

_____@_____

Patient Signature:_____

Date:_____