



Center for Specialized Dentistry

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Communications

Patient Authorization for E-Mail, Texting & Telephone Transmission

Authorization

I, _____, hereby consent authorization to the Center for Specialized Dentistry (John V. Louis, DMD, LLC) and office staff to e-mail secured document and/or text any correspondence (including “treatment plan and radiographs) to myself, referring dentist, or any medical specialist involved in my treatment. Permission is also provided for use of *telephone* in communication, in addition to leaving messages concerning your dental appointment, according to the “Telephone Consumer Protection Act.”

I have had the opportunity to ask questions and have had answered to my satisfaction my questions and concerns.

Print Name (if other than patient)

Signature

Date