



COMMUNICATION RELEASE FORM

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Due to the changing world of healthcare and technology, we now have the ability to provide our patients with certain types of information via e-mail and/or text messaging.

We believe strongly in protecting the privacy of our patients. When you provide this information to us, it is only used as a way to communicate with you. We do not share the e-mail addresses and/or telephone numbers of patients with any other companies.

By placing my signature below, I acknowledge that I have read and understand the above statement on e-mails and text messages. I hereby give permission to send messages to me via the selection indicated below as means of communication. Should I have any questions or want to be removed, I can contact the practice at any time.

Email _____

Text _____

Signature _____

Date _____