



Cherry Hill Dental Smiles

2314 Church Road, Cherry Hill, NJ 08002

Tel: 856-667-3737

Email: reddy@cherryhilldentalsmiles.com | Website: cherryhilldentalsmiles.com

Agreement to Receive Electronic Communication

Patient Name: _____ Date of Birth: _____

(Initial below)

I _____ DO AGREE I _____ DO NOT AGREE

That the dental practice may communicate with me electronically at the email address and/or mobile phone number listed below.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I further agree that I am responsible for providing the dental practice any updates to my email address and/or mobile phone number.

My most preferred method of electronic communication:

(Initial below selection)

____ Text Messaging _____ Email

I would like to receive:

- ____ Appointment Reminders/Recall Visits
- ____ Information regarding insurance/billing
- ____ Requests for Patient Satisfaction online reviews

I can withdraw my consent to electronic communications at any time by calling:

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Patient Signature: _____ Date: _____