

PENINSULA FAMILY DENTISTRY, PLC

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How would you like us to communicate with you?

Our dental office sends appointment reminders, information about treatment, payment and insurance and other communications. Please tell us how you would like us to communicate with you.

Your Name _____ Today's Date _____

Check or complete all that applies (please print clearly)

Contact me by U.S. Mail at the following address: _____

Contact me by email at the following email address: _____

For Phone and Text Communications:

This form is optional. You are not required to sign this form, and you do not need to sign it to receive care in our dental office.

By checking this, I consent to the following: The dental practice or its service provider may contact me to provide health care information such as appointment reminders and information about treatment, payment, my account, or insurance, using artificial or prerecorded voice or telephone equipment that may be capable of automatic dialing. The dental practice may:

Call Me

Text Me

Call Me & Text Me

Signature: _____ Date: _____

Please call the dental office right away if you get a new telephone number

For Office Use Only:

Consent revoked. Date/Initials: _____/_____

Possible reassigned number. Date/Initials _____/_____

Confirmed accurate. Date/Initials: _____/_____ Date _____/_____