

Communication Consent

Your Name: _____ Today's Date: _____

Our dental office sends appointment reminders, information about treatment, payment, insurance and other communications.

Complete all that apply (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

Phone number: _____

**Please call us right away if you get a new telephone number!*

☐ **By checking this box, I consent to the following:** That Midnight Sun Smiles or its service provider may contact me to provide health care information such as appointment reminders, information about treatment, payment, my account or insurance, using artificial or prerecorded voice or telephone equipment that may be capable of automatic dialing. I consent to receive SMS text messages. Msg&data rates may apply. Reply STOP to opt out. For Help, please email us at aksmiles@proton.me or call us at (907)349-5585.

Midnight Sun Smiles may:

- ☐ Call me
- ☐ Text me

Call me and text me

Your Signature: _____ Today's Date: _____