



Communication Consent Form

I _____ hereby authorize consent to D.A. Dental and staff so that they may communicate with me via text, call, email or any other form of online communication. I understand that I am consenting for communication within the office and that my dental team will always comply with HIPAA regulations and standards.

I give D.A. Dental permission to call me. I understand that at anytime D.A. Dental may reach me to confirm any upcoming appointments or changes to any appointments.

YES

NO

I give D.A. Dental permission to text me. I understand that D.A. Dental may reach out via text message to not only confirm upcoming appointments but also reach out with information about upcoming treatment.

YES

NO

I give D.A. Dental permission to email me. I understand that D.A. Dental will send out monthly dental related newsletters, confirmations, and other information via email.

YES

NO

By signing below, I understand that D.A. Dental sends 3-week reminder texts/calls which do not require a response. A week from my appointment, I will receive a text or call every day leading up to my appointment up until I acknowledge I have received the message. I comply that I will confirm my appointments at least 24 hours beforehand. If I cannot make an appointment, I will cancel at least 24 hours before my scheduled time. Should I fail to do so, I understand that D.A. Dental reserves all rights to cancel my upcoming appointment and charge me a cancellation fee.

Print Name: _____

Sign Name: _____

Date: _____