

**BAILEY FAMILY DENTAL
AND BRACES**
“HELPING PEOPLE THROUGH DENTISTRY”

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Communication Specification Patient Form

Email, Text, VoiceMail

I would NOT like to receive text, e-mail and/or voice mail (please circle options) communication from Bailey Family Dental and Braces which includes appointment reminders, informational newsletters, and information about finances, treatment and/or services. (There is option to unsubscribe from texts and e-mails when received)

Printed Name

Signed

Date

Alternative Method of Communication

As specified in our HIPAA Privacy Policy, you can choose method of contact if other than the address and/or phone numbers we have on file.

Please indicate below the contact information that you wish us to implement.

Printed Name

Signed

Date