



The Center for Pediatric Dental Care
DEVELOPING POSITIVE ATTITUDES FOR HEALTHY SMILES SM

Agreement to Receive Electronic Communication

Patient Name: _____ Date of Birth: _____

I agree that the dental practice may communicate with me electronically at the email address below

I am aware that there is some level of risk that third parties might be able to read unencrypted emails

I am responsible for providing the dental practice any updates to my email address

I can withdraw my consent to electronic communications by calling: **617-731-5437**

Email Address (PLEASE PRINT CLEARLY):

_____ @ _____

Patient Signature: _____

Date: _____