

Telephone Authorization Consent

I, _____ authorize **Waukon Dental**, its Affiliates, and its Business Associates (including third party debt collectors) to contact me for any purpose associated with my account. This includes land phones, mobile phones, prerecorded voice, and automated dialing.

Patient's name: _____

Date: _____

Patient's signature: _____

Parent/Legal Guardian (if patient under 18) _____
Name

E-mail Appointment Reminders Authorization Consent

I, _____ authorize **Waukon Dental** to send Appointment Reminders/Electronic communications via E-mail to the following E-mail addresses:

Patient's name: _____

E-mail Address: _____

Patient's signature: _____

Date: _____

Parent/Legal Guardian (if patient under 18):

Name

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

Text Message Appointment Reminders Authorization Consent

I, _____ authorize **Waukon Dental** to send Appointment Reminders electronically via text message to my mobile phone. I understand that this service is offered free of charge, however standard messaging rates from my mobile carrier may apply depending on my plan.

Please activate text messaging reminders for the following patient mobile phone number:

Patient's name: _____

Patient Signature: _____

Date: _____

Mobile Number: _____

Mobile Carrier: _____

Parent/Legal Guardian (if patient under 18):

I can withdraw my consent to electronic communications by calling Waukon Dental at 563-568-4528

***** OR – I decline all of these services *****

Signature: _____

Date: _____