



R I D G E C O M M O N S

FAMILY DENTISTRY

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AGREEMENT TO RECEIVE ELECTRONIC COMMUNICATION

I consent to Ridge Commons Family Dentistry contacting me electronically by the email address and/or cell phone below for the purpose of receiving appointment reminders, notification that I need to make an appointment, pre-medication reminders (if applicable), pre-treatment estimates, dental records, survey regarding dental visit, or reminders of uncompleted treatment.

I understand that during the transmission of these messages, the information contained at one point or another may pass through a public network and onto a personal electronic device and as such the transmission may not be secure. However, the practice will not transmit any personal or confidential information about your health, procedures or account status without your permission. (Please note that email messages from our office are encrypted if the message contains any sensitive health information).

I agree to inform the practice if my email or cell phone number changes. I understand and acknowledge that I can cancel this consent at any time.

Signature of Patient or Parent/Legal Guardian

_____/_____/_____
Date

