Grace Perio and Implants

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Email and Text Consent

We may use and disclose medical information to contact you as a reminder that you have an appointment for dental care with the practice, rate your most recent office visit, or that you are due to receive periodic care from the practice. This contact may be by phone, in writing, email, or otherwise and may involve the leaving of an email, message on an answering machine, text message or otherwise, which could potentially be received or intercepted by others.

☐ **I give my permission to the office of Grace Perio & Implants to contact me through telephone or email.**

☐ **I do not give my permission to the office of Grace Perio & Implants to contact me through telephone or email.**

Response Date: _____