



How would you like to communicate with you?

Our dental office sends appointment reminders, information about treatment, payment and insurance, and other communications. Please tell us how you would like us to communicate with you.

Your Name: _____ Today's Date: _____

FOR PHONE AND TEXT COMMUNICATION

This form is optional. You are not required to sign this form, and you do not need to sign it to receive care in our dental office.

Your Phone Number: _____

By checking this box, I consent to the following:

The dental practice or its service provider may contact me to provide health care information such as appointment reminders, and information about treatment, payment, my account or insurance, using artificial or prerecorded voice or telephone equipment that may be capable of automatic dialing. The dental practice may:

- Call me
- Text me
- Call me and Text me

Signature: _____ Date: _____

Please call the dental office right away if you get a new telephone number!

For Office Use Only

Consent revoked. Date/Initials: _____ / _____

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