

Lightship Dental, Inc.

Authorization to Leave Messages with Household Members/Answering Machine

From time to time it is necessary for representatives of Lightship Dental to leave messages for patients. **The purpose of these messages is to remind patients that they have an appointment, remind patients that they need to take any required medication prior to their respective appointment, to notify the patient that the staff would like to discuss lab or procedure results or to ask a patient to call the office regarding an issue or concern.** At no time will a representative of Lightship Dental discuss your medical circumstances or specific conditions without your consent. The purpose of this consent is to leave messages with members of your household or on your answering machine.

You have the right to revoke this consent in writing, except where we have already made disclosures in reliance on your prior consent.

_____ Authorize

_____ Not Authorized

I consent to receive text messages from Lightship Dental at my cell phone and any number forwarded or transferred to that number or emails to receive communication as stated above. I understand that this request to receive emails and text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing.

The **cell phone number** that I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information is _____.

The **email** that I authorize to receive email messages for appointment reminders and general health reminders/feedback/information is _____.

Lightship Dental does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

Signature of Patient or Representative _____

Date _____

Name of Patient or Representative _____

Date _____