

Agreement to Receive Electronic Communication

Patient Name: _____ Date of Birth: _____

I agree that Joseph D. Weber DMD/Weber Dental may communicate with me electronically at the email address below, including text messages to my cell phone number below.

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

I am responsible for providing Joseph D. Weber DMD/Weber Dental any updates to my email address and cell phone number.

Email Address (PLEASE PRINT CLEARLY):

_____ @ _____

Cell Phone to leave text messages: _____

I can withdraw my consent to electronic communications by calling (Office Phone Number) and ask the business team to discontinue this type of communication immediately.

Patient Signature: _____ Date: _____