

Informed Consent for Appointment Confirmation

Finger Lakes Dental Care is committed to providing the highest level of service and as such we have implemented a technology that will allow us to send text messages and/or emails. Please complete the form below so we know your wishes.

I Prefer to Receive Appointment Information Via

(Circle your Preferred Choice)

Home Answering Machine - Work Voice Mail - Cell Phone Message - Text Message – Email

Phone/fax/cell number or email address: _____

Please note that there is a chance/risk that information when transmitted electronically may be disclosed to, or intercepted by unauthorized third parties. Please consider confidential communication via telephone or mail. By signing this form you are acknowledging this. Due to this acknowledgement Finger Lakes Dental Care will use/disclose only the minimum amount of protected information whenever possible. If at anytime you wish to revoke or change your preference regarding the use of text messaging, emails or voice messages you must do so in writing or call our offices at (585)394-1930.

Patient Name (Printed): _____

Patient Signature: _____ Date: _____