

How may we contact you?

Ronald L. Wright, D.D.S., Inc.

It has always been our policy to guard the privacy of all of our patients. On occasion, we may need to contact you regarding your surgery or other confidential matters. Please complete this form so that we may respect the wishes of all of our patients.

Please check all that apply.

You may contact me by

- Home phone
- Cell phone
- Work number
- Other number _____

You may leave a message on my

- Home voice mail
- Cell phone voice mail
- Work voice mail
- Other voice mail _____

- I authorize Ronald L. Wright, D.D.S., Inc. to discuss my surgery, and billing and insurance information with my spouse or designated representative _____.
(name / relationship)

- During certain discussions with our office, we may ask to send information to you **via facsimile**. By checking this option, you are allowing the transmission. Our office also requires a verbal authorization prior to sending all faxes to ensure confidential receipt of the fax.

Are there any additional instructions that you would like our office to observe?

Patient's signature

Ronald L. Wright, D.D.S., Inc. (Employee)