

# Smiles of Gurnee Dental Care

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*Date:*

*We are committed to providing you with the best care. In order to achieve these goals we need your assistance. We need your e-mail address to provide communication with you and your family and keep you updated with any specials and health tips*

*No, do not send e-mails*

*Yes, I would like to receive e-mails*

*E-Mail* \_\_\_\_\_

*Name* \_\_\_\_\_

*Signature:*