Nicholas J. Svarnias, DDS, PC

Agreement to Receive Electronic Communication

Patient Name: _____ Date of Birth: _____

I agree that the dental practice may communicate with me electronically at the email address below.

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

I am responsible for providing the dental practice any updates to my email address.

I can withdraw my consent to electronic communications by calling 773.282.9696.

Email Address (PLEASE PRINT CLEARLY):

_____@_____

Patient Signature: _____

Date:_____

Nicholas J. Svarnias, DDS, PC

Request for Confidential Communications

To the Patient: Use this form if you would like our dental practice to communicate with you other than at your primary phone number and/or address. Fill out this request in its entirety.

Patient Name (*print*):_____

Alternative Communication Request (Please tell us the way you would like us to communicate with you, and/or the address you would like us to use):

_____

_____

_____

Payment Information
Your request may affect our normal billing and payment procedure. Please specify your alternative method for handling payment.

_____

_____

_____

Caution: there is some level of risk that third parties might be able to read unencrypted emails.

Signature of Patient:_____ Date:_____

For Personal Representatives of the Patient

Print Name of Personal Representative:_____
Relationship to the Patient:_____