

Colleen C. Hickle, DDS
Cosmetic and Restorative Dentistry

Communication

How would you like us to communicate with you?

Our dental office sends appointment reminders, information about treatment, payments and insurance.

Your name _____ Date _____

Check all that apply:

US Mail

email, provide email address _____

For Phone and Text Communication

Cell phone# _____

By initialing I consent to: the dental practice or its service provider may contact me to provide health care information such as appointment reminders and information about treatment, payment, my account or insurance using artificial or prerecorded voice or telephone equipment that may be capable of auto dialing.

The dental practice may call and/or text me **Initials**

Signature _____ Date _____