

Monadnock Pediatric Dentistry

Electronic Communication Agreement

Patient Name(s): _____

I agree that Monadnock Pediatric Dentistry may communicate with me electronically at the email address and/or cell number below.

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

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

I can withdraw my consent to electronic communications by calling 603-532-8621.

Email Address (PLEASE PRINT CLEARLY):

_____@_____

Cell Phone Number

Parent/Guardian Signature: _____

Date: _____