

Pediatric Dentistry Of Flower Mound

Email - Text Contact Correspondence Photo Use Authorization Form

Patient/Child/Children's Names: _____

E-Mail & Text Authorization

Our practice uses E-mail & Texting as a form of communication between our office and our patients. By signing below, you agree to allow our office to communicate with you via electric mail or via texting in order to provide you with the following:

Appointment Reminders & Appointment Requests

Office Promotions and Marketing (Such as Sealant Promotions)

Special Office Events (Such as Dress up Days), Birthdays, Treatment, Billing & Insurance Questions

- Check here to decline email contact.
- Check here to decline texting contact.
- Check this box to use email on file or use updated email(s) listed below.
- Check this box to use cell number(s) on file or use updated cell(s) listed below.

Authorized E-Mail(s) _____

Authorized Cell Number(s): _____

Please Print Your Name: _____
LAST FIRST MI

Signature _____ Date _____

Photo Use Authorization:

I authorize Pediatric Dentistry of Flower Mound, to photograph my child during appointments and special events held by the practice (such as dress-up days, special event days, etc.). By signing below, I am authorizing the use or non-use of these photographs and I have indicated by a check mark the extent I am authorizing the use of such photographs taken of my child/children.

- Post on Practice Facebook Page
- Display in a Photo Album in the Office
- Use Photo in a practice newsletter.
- Use my child's first name to identify him/her in the photo.
- Do not use my child's first name to identify him/her in the photo.
- I do not want my child's photo taken or used by the practice.

Please Print Your Name _____
LAST FIRST MI

Signature _____ Date _____