



## Authorization to Communicate

Protecting your privacy is of our utmost concern. Please indicate all the ways we may communicate with you regarding appointment confirmations, pending treatment and preventive care reminders:

- Phone:**
  - Home**
  - Cell**
  - Work**
  
- Answering Machine:**
  - Home**
  - Cell**
  - Work**
  
- Email**
  
- Text Message**
  
- Written Correspondence**

**Who may we contact in the event of an emergency?:**

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

**Relationship to Patient:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_