

FIRST SMILES CHILDREN'S DENTISTRY

1801 Tully Rd. Suite B
Modesto, CA 95350
209-343-3500

Acknowledgement of receipt of:

1. NOTICE OF PRIVACY PRACTICES

2. DENTAL MATERIALS FACT SHEET

Patient/Guardian Signature: _____ Printed Name: _____ Date: _____

Acknowledgement of Communication Options available for appointments, treatment, billing, insurance and other matters pertaining to my account:

(Please INITIAL ALL that apply)

_____ Postcard **Will receive a postcard reminder the month before appt.*

Mailing Address: _____

_____ Cell and/or Landline Call **Will receive a phone call reminder 1-2 days before appt.*

Please provide all phone numbers that we may try:

Cell: (____) _____ - _____

Home: (____) _____ - _____

Work: (____) _____ - _____

_____ Text Message **Will receive a text reminder 1 or 2 days before appt..*

Cell: (____) _____ - _____

I consent to this dental practice using the above chosen methods including cell communication if chosen, to communicate with me regarding appointments, treatment, billing, insurance or other matters pertaining to my account. I understand I can withdraw my consent at any time:

Patient/Guardian Signature: _____ Printed Name: _____ Date: _____