



DIABLO CREEK  
DENTISTRY

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I agree that Diablo Creek Dentistry may contact me in writing, by phone call and by text messaging. I agree that Diablo Creek Dentistry may communicate with me electronically at the email address below.

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

I am responsible for providing Diablo Creek Dentistry with any updates to my email address.

**Email Address (Please print clearly):** \_\_\_\_\_

**Do we have your permission to discuss financial information with you while you are on your cell phone? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Patient /Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_