

Clemson SC Dental Associates

Administrative Form

I authorize contact from this office **to confirm my appointments, treatment, & billing information** via:

- | | |
|--|--|
| <input type="checkbox"/> Cell Phone Confirmation | <input type="checkbox"/> Text Message to my Cell Phone |
| <input type="checkbox"/> Home Phone Confirmation | <input type="checkbox"/> Email Confirmation |
| <input type="checkbox"/> Work Phone Confirmation | <input type="checkbox"/> Any of the above |

I authorize **information about my health** to be conveyed via:

- | | |
|--|--|
| <input type="checkbox"/> Cell Phone Confirmation | <input type="checkbox"/> Text Message to my Cell Phone |
| <input type="checkbox"/> Home Phone Confirmation | <input type="checkbox"/> Email Confirmation |
| <input type="checkbox"/> Work Phone Confirmation | <input type="checkbox"/> Any of the above |

I approve being contacted about **special events, fundraising efforts, and new health information** on behalf of Clemson SC Dental Associates. via:

- | | |
|--|--|
| <input type="checkbox"/> Phone message | <input type="checkbox"/> Any of the above |
| <input type="checkbox"/> Text Message to my Cell Phone | <input type="checkbox"/> None of the above (opt out) |
| <input type="checkbox"/> Email | |

Signature

Date