We now have the ability to email and/or text you, reminding you of your appointments. If you would like to receive this feature in the future, please read the consent below and sign.

Consent to Email and/or Text Message for Appointment Reminders and Other Healthcare Communications:

Patients in our practice may be contacted via email and/or text messaging to remind you of an appointment, to obtain feedback on your experience with our healthcare team, and to provide general health reminders/information.

I consent to receiving appointment reminders and other healthcare communications/information at that email and/or text from Dental Implant Solutionz. I understand that standard text messaging rates will apply to any messages received from DIS. I also understand that I or DIS may revoke this permission in writing at any time. I agree not to hold DIA liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my cell phone number changes I will inform the staff.

(Patient Initials) I consent to receive text messages from the practice at my cell phone and any number forwarded or transferred to that number.			
The cell phone number that	I authorize to receive text mes health reminders	ssages for appointment reminders, feedback, and gene s/information is	eral
()		Carrier:	
•	·	ommunications as stated above, the email that I autho and general health reminders/feedback/ information in	
	•	ct messages will apply to all future appointment n unless I request a change in writing.	
Patients Signature:		Date:	
Staff Signature:		Date:	

Privacy Disclaimer: This text message program provides a service to patients to give important information in a timely manner. Your information will not be sold, distributed, or in any other way shared with entities or affiliates outside of Dental Implant Solutionz.