Windham Dental Group, PLLC

115 Indian Rock Rd, #5 Windham, NH 03087 Young K. Son, DMD

Cell Phone Use and Message Policy

I provide consent to Windham D	ental Group, PLLC to	;	
☐ Call my <u>cellular phone</u> to (c	hoose one or both) [] call or [] text
regarding my appointment	CS .		
☐ Call my <u>cellular phone</u> rega	rding treatment, insur	ance and m	y account
I provide consent to Young Dent	istry, PC to :		
☐ Leave <u>a voice message at n</u>	ny home phone answe	ring machir	ne regarding my
appointments			
☐ Leave <u>a message with fami</u>	ly member at my hom	<u>e phone</u> reg	garding my
appointments			
I understand that I can withdraw	v my consent at any ti	me	
Cellular phone number			
Home phone number			
E-mail address			
PRINT NAME	SIGNATURE		DATE