

# SmileReminder Confirmation Preferences

Patient Name: \_\_\_\_\_

Method	Opt IN	Opt OUT
<b>Email</b>		
Email Address:		
<b>Home Phone Call</b>		
Home Phone Number:		
<b>Cell Phone Call</b>		
Cell Phone Number:		
<b>Text Message</b>		
Cell Phone Number:		

Please sign below to authorize these changes and to allow us to update your information.

**Signature**

**Date**

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