



Confirmation/Communication Preferences

Patient Name: _____

Method	OPT IN
Cell/Text:	
Home Phone:	
Email Address:	

*Your signature below authorizes us to confirm your appointments and communicate with you through the method you have chosen. Keep in mind that if you choose text, it is not secure and could be viewed by third parties.

Patient or Guardian Signature:

DATE:

Website and Social Media Consent

We offer the opportunity to take photos for the purpose of posting to social media and our website. We have fun signs located in the waiting room that can be used for the photos.

Please complete the following paragraph below and sign/date to give consent:

I(we) _____ allow Ortman Family Dentistry to post photos of _____ (patient name) on the Ortman Family Dentistry Website and *Social Media Pages.

*Twitter, Instagram, and Facebook

Patient or Guardian Signature for consent:

DATE:

***I have read the above paragraph and do not give my consent for the sharing of photos to any website or social media outlet. Initial: _____