



Agreement to Receive Electronic Communication



ADVANCED
PROSTHETIC
RESTORATIONS

1. Name:
First Name Middle Name Last Name

2. Date of Birth:
MM DD YY

3. Initial Below:
 I DO Agree
Initial
 I DO NOT Agree
Initial

That the business may communicate with me electronically at the email address and/or phone number listed below.

The email sverma@advancedprostheticrestorations.com is a HIPPA approved email. Emails sent to or from vermaprosthodontics@gmail.com are safely funneled into advancedprostheticrestorations.com domain.

WARNING: CONFIDENTIALITY NOTICE - The information enclosed with this transmission are the private, confidential property of the sender, and the material is privileged communication intended solely for the individual indicated. If you are not the intended recipient, you are notified that any review, disclosure, copying, distribution, or the taking of any other action relevant to the contents of this transmission are strictly prohibited. If you have received this transmission in error, please notify us immediately at (972)696-9497 / sverma@advancedprostheticrestorations.com

4. Most Preferred Method of Communication:
 Phone message Text message Email

5. I approve to receive the following information via email:
 Appointment Reminders Information regarding fees and billing
 Information regarding my clinical treatment

6. Contact Information
 My Email My Phone

I can withdraw my consent to electronic communications by calling / emailing:
(972)696-9497 / sverma@advancedprostheticrestorations.com

7. Signature Date of Signature
MM DD YY