ASCENT

PRACTICE GROWTH STRATEGIES

Patient Communication Opt-In Form

In order to best communicate with you, we use several methods to contact you. Please review the information below and provide your consent to your preferred method of communication.

Name: _____

Cell Phone: _____

Email Address: _____

Communication Preferences:
Please select your preferred method(s) of communication:
[ ] Phone
[ ] Email
[ ] Text Message
[ ] Mail

Consent:
I hereby authorize Ascent Practice Growth Strategies to use the provided information for the purpose of delivering healthcare services and communicating with me regarding my dental care. I understand that my information will be kept confidential and will only be shared with authorized healthcare professionals directly involved in my treatment.
[ ] I consent to the above statement.

Text Messaging Opt-In:
By signing this form and providing your phone number, you agree to receive SMS marketing from Ascent Practice Growth Strategies. Message frequency may vary. Standard Message and Data Rates may apply. Reply STOP to opt out. Reply HELP for help. Consent is not a condition of purchase. Your mobile information will not be sold or shared with third parties for promotional or marketing purposes.
[ ] I consent and opt in to receive text messages from Ascent Practice Growth Strategies.

*Please note that SMS is not a secure form of communication, and we recommend discussing any sensitive or personal information during your office visits.

By signing below, I acknowledge that I have read the above and agree to be contacted as noted and can opt out by contacting the office or replying 'STOP' to any messages.

Signature: _____

Date: _____