

## Telephone Authorization Consent

I, \_\_\_\_\_ authorize **Dental Associates of Prairie du Chien, P.C.**, its Affiliates, and its Business Associates (including third party debt collectors) to contact me for any purpose associated with my account. This includes land phones, mobile phones, prerecorded voice, and automated dialing.

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's signature: \_\_\_\_\_

Parent/Legal Guardian (if patient under 18): \_\_\_\_\_  
Name

## E-mail Appointment Reminders Authorization Consent

I, \_\_\_\_\_ authorize **Dental Associates of Prairie du Chien, P.C.** to send Appointment Reminders/Electronic communications via E-mail to the following E-mail address:

Patient's name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian (if patient under 18):  
\_\_\_\_\_  
Name

*I am aware that there is some level of risk that third parties might be able to read unencrypted emails.*

## Text Message Appointment Reminders Authorization Consent

I, \_\_\_\_\_ authorize **Dental Associates of Prairie du Chien, P.C.** to send Appointment Reminders electronically via text message to my mobile phone. I understand that this service is offered free of charge, however standard messaging rates from my mobile carrier may apply depending on my plan.

Please activate text messaging reminders for the following patient mobile phone number:

Patient's name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Mobile Carrier: \_\_\_\_\_

Parent/Legal Guardian (if patient under 18):  
\_\_\_\_\_

**I can withdraw my consent to electronic communications by calling  
Dental Associates of Prairie du Chien, P.C. at 608-326-6886.**

\*\*\*\*\* OR – I decline all of these services \*\*\*\*\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 81318