

Apelgren Dental
3938 Cedar Grove Pkwy.
Eagan, MN 55122
651-452-9660

COMMUNICATIONS CONSENT FORM

Patient Name: _____ Date of Birth: _____

I give permission to be contacted in the following manner (please fill in phone numbers and check):

Home Phone: _____ Cell Phone: _____

- OK to leave message with information
- OK to leave message with call-back number only
- OK to leave message at home or cell with the following family members:

Name: _____	Relationship: _____
_____	_____
_____	_____

Appointment Reminders

Our office is primarily confirming appointments by email or text. Please indicate your preference on how we contact you:

- Text message to number: _____
- Email address: _____
- Phone call to number: _____

Consent to discuss treatment with:

Name: _____	Relationship: _____
_____	_____
_____	_____

Signature: _____ Date: _____