## CONSENT TO USE ELECTRONIC COMMUNICATIONS

## **DENTIST INFORMATION:**

Name: Larry Caldwell DDS and Derek Steinbring DMD MS

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Sugar Land, TX 77478

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Phone: 281-565-5437 Fax: 281-565-6446

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The Dentist has offered to communicate using the following means of electronic communication [check all that apply]:

Email	□ Videoconferencing (including Skype®, FaceTime®)
□ Text messaging (including instant messaging)	Leave Voice Message relating to appt.reminders,billing, etc
□ Social media :	
□ Other (specify):	

## PARENT ACKNOWLEDGMENT AND AGREEMENT:

Patient name:	
atient address:	
atient home phone:	
arent mobile phone:	
arent email:	

Parent signature:	Date:
Witness signature:	Date: