

VINH T. PHAM, D.D.S.

Kirkwood Dental

AGREEMENT TO RECEIVE ELECTRONIC COMMUNICATION

Patient Name: _____ Date of Birth: _____

I agree that the dental practice may communicate with me electronically at the email address below.

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

I am responsible for providing the dental practice any updates to my email address.

I can withdraw my consent to electronic communications by calling: **(408)378-8500**

Email Address (PLEASE PRINT CLEARLY):

Patient Signature: _____ Date: _____