

# Distinctive Dentistry – R. Claire Campbell, D.M.D

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## 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:**

**Distinctive Dentistry (503) 698 - 4884**

Email Address (PLEASE PRINT CLEARLY):

\_\_\_\_\_ @ \_\_\_\_\_

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

Date: \_\_\_\_\_

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