

Patient Communication

Dr. Elizabeth Dunkleberger

I agree that Dr. Dunkleberger may communicate with me via electronically, at the e-mail and or cell phone I provided on previous page including all account dependents. Text message charges from my cell phone provider may apply. All electronic consents can be withdrawn at any time in writing or by calling the office.

- Opt **In** for text messaging
- Opt **out** for text messaging

I give Dr. Drunkleberger's office permission to release medical, dental and/or financial information to the following people: Please include spouse, children, caregiver, etc.

Name and Relation to Patient

Phone Number

Name and Relation to Patient	Phone Number

Cancellation & Broken Appointment Policy

I am responsible for providing Dr. Dunkleberger's office with any updates to my contact information and all upcoming appointments. If I fail to give 48 hour notice, I understand that I am subject to any and all broken appointment fees, including a fee of up to \$100.00, as stated in our office policies.

Signature: _____ Date: _____

Only complete for patients under the age of 18

I understand that I, (the legal parent or guardian) must be present at all future appointments unless Dr. Dunkleberger has written notice and or I have made prior arrangements with the office before my child's scheduled appointment. I understand as the responsible party of the account I am subject to any and all broken appointment fees as well as financial treatment payments.

May Dr. Dunkleberger share your child's photo on our cavity free club wall and/or website? Yes or No Initials: _____

My signature below indicates that I represent and warrant that I am the person legally responsible for all use of the accounts. I agree to all terms and conditions of use for the services I have opted in for with the information that has been provided.

Signature: _____ Date: _____