

Use of Electronic Communication

I agree that the dental practice may communicate with me electronically at the email address and/or cell phone below. I will be receiving confirmation texts and/or emails as well as additional information regarding treatment if necessary. 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 and cell phone number. I can withdraw my consent to electronic communications by calling: 757-868-8152.

Email address: _____

Cell Phone number: _____

Signature: _____

Date: _____

Consent for services

1. I hereby authorize doctor or staff to take x-rays, study models, photographs, and other diagnostic aids deemed appropriate by doctor to make a thorough diagnosis.
2. Upon such diagnosis, I authorize doctor to perform all recommended treatment mutually agreed upon by me and the employ such assistance as required to provide proper care.
3. I agree to the use of anesthetics, sedatives, and other medication as necessary. I fully understand that using anesthetic agents embodies certain risks. I understand that I can ask for a complete recital on any possible complication.
4. I hereby give Dr. Harper the absolute right and permission to use my photographs/slides for education or promotional purposes. The undersigned completely and forever releases any right to present or future compensation in connection with the use of said photographs/slides. I understand that to revoke this right, I must provide it in writing.

Signature: _____

Date: _____