

Steven C. Wilburn D.M.D.  
Kyle B. Wilburn D.D.S.

---

**Patient Consent to Receive Email and/or Telephone Messages**

---

Today's Date: \_\_\_\_\_

---

*Please Print (Last Name)*

*(First Name)*

*(M.I.)*

*Are we allowed to leave appointment, billing or dental information by text, on your voice mail, or answering machine? Yes \_\_\_\_\_ No \_\_\_\_\_*

*Preferred method of communication for:*

*Scheduled Appointments & Reminders:      \_\_\_ Email                  \_\_\_ Text                  \_\_\_ Phone call*

*Recall & Future Appointment Reminders:      \_\_\_ Email                  \_\_\_ Text                  \_\_\_ Phone call*

*I give permission to share appointment, billing or dental information with the person or people named below:*

*Name(s): \_\_\_\_\_*

*X \_\_\_\_\_*  
*Signature of Patient or Parent of Legal Guardian* *Date*