



Trilliant Dentistry

PATIENT E-MAIL AND TEXT MESSAGING REGISTRATION FORM

Due to the changing world of healthcare and technology, Trilliant Dentistry now has the ability to provide our patients with certain types of information via e-mail and/or text messaging.

If you wish to have the opportunity to receive information of this type, please complete the form below.

Trilliant Dentistry believes strongly in protecting the privacy of our patients. When you provide this information to us, it is only used as a way to communicate with you. In order to protect your privacy, no confidential or personal information will be sent from Trilliant Dentistry via email or text messaging.

Trilliant Dentistry does not share the names, e-mail addresses, and/or telephone number of patients with any other company, or with any other patient.

Please print all information neatly and legibly.

Name _____

CellPhone _____

Email Address _____

Please select a choice below

- Yes, please sign me up to receive e-mail and text messaging confirmations.
- I do not wish to be contacted via email. (Text messaging only)
- I do not wish to be contacted via text messaging. (Email only)
- I do not wish to be contacted by either text messaging or email.

I hereby give Trilliant Dentistry permission to send messages to me via email and/or text messaging as means of communication as indicated by my selection above.

Signature _____ Date _____