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## COMMUNICATIONS CONSENT

I consent to the Basking Ridge Pediatric Dentistry to using my cell phone number to call or text regarding appointments and to call regarding treatment, insurance and my account. I understand that I can withdraw my consent at any time.

My cell phone number is (xxx-xxx-xxxx) \_\_\_\_\_

I consent to receiving from Basking Ridge Pediatric Dentistry email communications regarding treatment, insurance, appointments and my account. I understand that I can withdraw my consent at any time.

E-mail address \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to patient \_\_\_\_\_