Dr. Tony T. Athans, DDS

1707 Shermer Road Northbrook, IL 60062

Patient Communication Consent Form

Patient Name:	Date:	
electronically at the email address below might be able to read unencrypted email	Or. Tony Athans's dental office, may communica . I am aware that there is some level of risk that s. I am responsible for providing Dr. Tony Athan vithdraw my consent to electronic communicati	third parties s's office with
Email Address:		
Text Message Account Alerts		
Opt <u>IN</u> for text messaging Opt <u>OUT</u> for text messaging		
You may: Reply STOP to opt-out; Reply H Message & data rates may apply; Messaghttps://athansdental.com/privacy.htm to https://athansdental.com/terms.htm for o	see our privacy policy and our Terms of Service. By opting in, I hereby aut office to send text message appointment reminal phone number.	ental.com. horize Modern
	communication via email or text messaging. Plea mations, information about treatment, payment	
Phone #:		
My signature below indicates that I agree to and the information that has been provided.	all the terms and conditions of use for the services I understand that I can opt out at any time.	have opted in for
Signature:	Date:	-