

Kitfox Agreement to Receive Electronic Communication

Patient Name: _____ Date of Birth: _____

I agree that the dental practice may communicate with me electronically at the email address below. **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.

I can withdraw my consent to electronic communications by calling: 803-393-4550 _____

Email Address (PLEASE PRINT CLEARLY):

_____ @ _____

Patient Signature: _____ Date: _____