



Rebecca   
**HARTFIELD DMD**  
*Family Dentistry*

Please list preferred email address and text number for patient communications.

Email address: \_\_\_\_\_

Text number: \_\_\_\_\_

Please check if the following applies to you:

\_\_\_\_\_ I do not have email or I do not want to receive email communications

\_\_\_\_\_ I do not have texting capability or I do not want to receive text communications

\_\_\_\_\_  
Patient name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient (or parent if patient is a minor)

Please note: Message and data rates may apply.