Chemung Family Dental

The dentist who still knows your name

1007 Broadway St, Elmira, NY 14904 · (607) 734-2045
info@chemungfamilydental.com · chemungfamilydental.com

Patient Communication Opt-In Form

Please complete this form to opt in to text message and email communication from Chemung Family Dental. Your consent is voluntary and is not a condition of receiving dental treatment. You may withdraw your consent at any time.

PATIENT INFORMATION

Full Name: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____ Preferred Name: _____

TEXT MESSAGE OPT-IN

By opting in, you agree to receive recurring text messages from **Chemung Family Dental** at the phone number provided. Messages may include appointment reminders, appointment confirmations, account and billing updates, invitations to leave a review, and requests for feedback in the form of marketing surveys. Message frequency may vary. Standard message and data rates may apply.

☐ I consent and opt in to receive text messages from **Chemung Family Dental** at the phone number provided above.

You can reply **STOP** at any time to unsubscribe, or reply **HELP** for assistance. We will not share your mobile information with third parties or affiliates for promotional or marketing purposes. Contact us at (607) 734-2045 for help. Privacy policy: chemungfamilydental.com/privacy-policy

EMAIL OPT-IN

By opting in, you agree to receive emails from **Chemung Family Dental** at the email address provided. Emails may include appointment reminders, practice news, oral health information, and occasional promotional offers. You may unsubscribe at any time using the link at the bottom of any email.

☐ I consent and opt in to receive emails from **Chemung Family Dental** at the email address provided above.

ACKNOWLEDGMENT & SIGNATURE

By signing below, I acknowledge that the information provided is accurate and complete to the best of my knowledge, that I am the account holder or authorized user of the phone number and email address listed, and that I have read and understand the consent language above.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Patient (if not self): _____

Please return this form to our front desk or submit it online at chemungfamilydental.com. If you have any questions or need assistance, please contact us at (607) 734-2045 or info@chemungfamilydental.com. Thank you for choosing **Chemung Family Dental**. We look forward to caring for your smile.