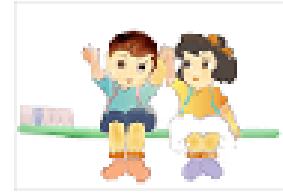# *Vienna Pediatric Dentistry, P.C.*

Sarah Ganjavi-Rejali D.D.S.
Pediatric Dentist

Patient Communication Consent Form

Patient(s) Name: _____
Patient's Date of Birth: _____
Responsible Party's Name (PRINTED) _____

Agreement to Receive Electronic Communication

I agree that Vienna Pediatric Dentistry 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 Vienna Pediatric Dentistry with any updates to my email address. I can withdraw my consent to electronic communications by calling 703-938-6600.

Email Address (PLEASE PRINT CLEARLY!): _____

Text Message Account Alerts

- ☐ Opt **IN** for text messaging
- ☐ Opt **OUT** for text messaging

By opting in, I hereby authorize Vienna Pediatric Dentistry to send text message appointment reminders to me on my provided cell phone number. I understand that when prompted, I may confirm future appointments using this text messaging service. By accepting these terms, I agree that all individuals associated with my account may receive alerts referencing the account dependents. Text message charges from my cell phone provider may apply.

Responsible Party's Cell Phone: (_____) _____

May Vienna Pediatric Dentistry release your medical, dental, and financial information to relatives or friends? _____
If yes, to whom? Please list name and relationship of person/persons (***Please be sure to include caregivers, nannies, grandparents, etc if necessary):***

1. _____
2. _____
3. _____

If no, I understand that I (the responsible party) must be present at all future appointments unless Vienna Pediatric Dentistry has ***written notice*** before my child's scheduled dental appointment. If I fail to give notice, I understand that I am subject to any and all broken appointment fees as referred to in the Office Policies.

May Vienna Pediatric Dentistry share your child's patient photo on our social media (Facebook Page) and/or our website? (*Please initial one of the following*) _____ Yes   or   _____ No

My signature below indicates that I represent and warrant that I am the person legally responsible for all use of the accounts, that I am at least 18 years of age, and that I agree to all terms and conditions of use for the services I have opted in for and the information that has been provided. I understand that this authorization can only be revoked in writing.

Signature: _____   Date: _____