

Chesapeake Smiles, LLC

2288 Blue Water Blvd
Suite 420
Odenton, MD 21113
410-672-0000

Patient Consent to receive Mail and/or Telephone Messages

Please Print (Last Name)

First Name

Middle Initial

Do we have your permission to:

Send a recall appointment reminder to your home? Yes No

Leave Appointment, Billing or Dental Information
on your Voicemail/ E-mail/ Text Message? Yes No

I give permission to share appointment, billing or dental information with the person named below:

Name: _____

Acknowledgment of receipt of Notice of Privacy Practices

If you would like a copy of our Privacy Practices please tell a member of our staff, it is posted on the clipboard . Please sign below to acknowledge that you have received or been offered a copy of the NOTICE OF THE PRIVACY PRACTICES with an effective date of November 2, 2009.

Signature of Patient/Parent or Guardian

Date