



DR. GEOFFRY **HALLSTEAD DMD**

Patient Consent for Electronic Communication

Our office uses automated texting and e-mailing to confirm dental appointments, send out e-mail blasts and important messages. By utilizing our practice's electronic services, you agree that Dr. Geoffrey Hallstead DMD, may contact you via text message or e-mail. Please provide your information below.

Patient Name: _____

E-mail: _____

Cell Phone :(_____)_____ - _____

Signature: _____ **Date:** _____