



Electronic Communication Consent Form

I consent that Great Outdoors Pediatric Dentistry can communicate with me via mobile phone, messages, e-mail, and any type of online communications, provided that these communications comply with privacy regulations.

Appointment Reminders, Reschedules and Cancellations I understand that Great Outdoors Pediatric Dentistry can reach me any time to remind me of my appointments or let me know in case of any change about my appointment(s). And I also understand that Great Outdoor Pediatric Dentistry can employ and use a third-party automated system to reach out me for the purpose of "confirm", "reschedule" or "cancel".

Contact Information Change I accept that I am responsible of notifying Great Outdoors Pediatric Dentistry when my contact information changes.

Consent Cancellations I know that I can revoke this consent at any time by contacting Great Outdoors Pediatric Dentistry.

I consent to the use of mobile phone communications.

- Yes
- No

I consent to the use of texting (messages) communications.

- Yes
- No

I consent to receive electronic notifications for confirming, rescheduling, or canceling my appointments.

- Yes
- No

I sign this consent form on the behalf of:

Child Name: _____

Parents/Guardian Signature: _____

Relationship: _____

Date: _____