



FAIRFAX PERIODONTAL GROUP  
— PERIODONTICS AND DENTAL IMPLANTS —

Patient Consent for Electronic Communication

I, \_\_\_\_\_, consent to **Fairfax Periodontal Group** contacting me electronically by the e-mail address below for the purpose of receiving appointment reminders, account billing, dental records, surveys regarding dental visits, or reminders of uncompleted treatment.

I understand that during the transmission of these messages, the information contained at one point or another may pass through a public network and onto a personal electronic device and, as such, may not be secure. However, the practice will not transmit any personal or confidential information about your health, procedures or account status without your permission.

I agree to electronic communication. I agree to inform the practice if my email address changes. I understand and acknowledge that I can cancel this consent at any time.

Email Address: \_\_\_\_\_  
(Please Print Clearly)

\_\_\_\_\_  
Patient Signature Date

\* \* \* \* \*

If you would **NOT** like to be contacted by email, you may **Opt Out** by initialing below.\*\* If you change your mind at any time, you may call our office at (703) 639-0245.

\_\_\_\_\_ I elect to **Opt Out** of email correspondence

\_\_\_\_\_  
Patient Signature Date

\*\* If you chose to **Opt Out** of electronic communication, what is the best way to contact you?

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_