

Churchwell Pediatric Dentistry

1099 Poplar View Lane N., Collierville, TN 38017

I authorize Churchwell Pediatric Dentistry to deliver or cause to be delivered the following types of messages by voice call, text messaging using an automated telephone dialing system or an artificial prerecorded voice:

Appointment reminders

I authorize such messages to be delivered to the following phone number(s):

Cellphone (Mother)

Cellphone (Father)

Landline

I understand that by signing the agreement, I am authorizing Churchwell Pediatric Dentistry to deliver or cause to be delivered to me certain text messages and/or voice calls and that I am not required to sign this agreement in order to receive services from Churchwell Pediatric Dentistry.

Patient Name(s)

Parent/ Legal Guardian Printed Name

Parent/ Legal Guardian Signature

Date