



Young K. Son, DMD

## Cell Phone Use and Message Policy

**I provide consent to Young Dentistry, PC to :**

- Call my cellular phone to (choose one or both) [ ] call or [ ] text regarding my appointments
- Call my cellular phone regarding treatment, insurance and my account

**I provide consent to Young Dentistry, PC to :**

- Leave a voice message at my home phone answering machine regarding my appointments
- Leave a message with family member at my home phone regarding my appointments

**I understand that I can withdraw my consent at any time**

- Cellular phone number \_\_\_\_\_
- Home phone number \_\_\_\_\_
- E-mail address \_\_\_\_\_

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PRINT NAME

SIGNATURE

DATE