

## **Smiles for the Future Pediatric Dentistry and Orthodontics**

## HOW DO YOU WISH FOR US TO CONTACT YOU AND PROVIDE COMMUNICATION?

We offer a complementary automated appointment reminder service. Please choose an option below.

Email:

Text Phone:	
No Confirmation Requested	
The Appointment Reminder System does not provide an automated phone call option.  Note: There is a \$40 fee applied for missed appointments, if a 24 hour notice is not provided. This fee is applicable even if you do not receive a reminder since we are not responsible for your keeping appointments.	
I,, have been offered, recopy of this office's Notice of Privacy Practices posted at the	
To protect the privacy of all of our patients, pictures and/obe taken in the clinical treatment areas.	r videos are NOT permitted to
Under the Health Insurance Portability and Accountability only able to disclose information to the patient, parents a Any requests to disclose to unassigned persons will reauthorization from the parent/guardian.	nd person(s) assigned below.
I therefore hereby authorize the doctors and staff of Sr Dentistry & Orthodontics to disclose information regarding following additional people: (e.g. grandparents, step- domestic partners)	ng <b>my child/children</b> to the
Name of person(s) Relati	onship to patient
Thank you for assisting us in keeping your child's information	n protected.
NAME OF PATIENT	
SIGNATURE OF PARENT/GUARDIAN	DATE