

NE Portland Dental
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503-284-2893

Text Messaging Consent Form

By opting in, I hereby authorize NE Portland Dental to send text message appointment reminders or communicate with me on my provided cell phone number. I understand that when prompted, I may confirm future appointments using this text messaging service. By accepting these terms, I agree that all individuals associated with my account may receive alerts referencing the account dependents. Text message charges from my cell phone provider may apply (if no text messaging plan).

Cell Phone #: _____

Text Message Account Alerts

- Opt **IN** for text messaging
- Opt **OUT** for text messaging

I prefer to not participate in electronic communication via email or text messaging. Please call me at this number regarding appointment confirmations, information about treatment, payment or regarding my account instead.

Phone #: _____

My signature below indicates that I agree to all the terms and conditions of use for the services I have opted in for and the information that has been provided. I understand that I can opt out at any time.

Signature: _____ Date: _____