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Agreement to Receive Electronic Communication
(THAT MEANS EMAILS, TEXTS !)

Patient Name: _____ Date of Birth: _____

I _____ DO AGREE

I _____ DO NOT AGREE

that this dental practice may communicate with me electronically at the email address and/ or mobile phone number listed below.

I am aware there is a level of risk that third parties might be able to read unencrypted emails. I further agree that I am responsible for providing the dental practice any updates to my email address and/or mobile phone number.

My most preferred method of electronic communication:

(Initial Below)

_____ Text Message phone _____

_____ Email email _____

I would like to receive:

_____ Appointment Reminders/Recall Visits

_____ Information regarding insurance/billing

_____ Requests for Patient Satisfaction online reviews

I can withdraw my consent to electronic communications at any time by calling:

BOULEVARD DENTAL ASSOCIATES, PA at 201-434-3819 OR EMAIL US AT DrEdmundCaruso@MyJerseyCityDentists.com

Patient Signature: _____ Date: _____