



Agreement to receive electronic communications

Valley Dental Works

Patient name _____ Date of birth _____

I agree that Valley Dental Works may communicate with me electronically at the email address below.

I am aware that there is risk that third parties might be able to read unencrypted emails.

I am responsible for providing the dental practice any updates to my email address.

I can withdraw my consent to electronic communications by calling Valley Dental Works phone number, 503-667-2400.

Email address (PLEASE PRINT CLEARLY)

_____ @ _____

Patient signature _____ Date _____

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