



# 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 \_\_\_\_\_

**Valley Dental Works, LLC**  
**16144 SE Happy Valley Town Center Dr. Suite 206**  
**Happy Valley, OR 97086**

P: 503-667-2400 F: 1-866-598-8222

E: [info@valleydentalworks.com](mailto:info@valleydentalworks.com)

W: [www.valleydentalworks.com](http://www.valleydentalworks.com)