

**PATIENT TEXT MESSAGING REGISTRATION FORM**

Due to the changing world of healthcare and technology, Isle Family Dentistry now has the ability to provide our patients with Appointment Reminders and Recalls via text messaging. If you wish to have the opportunity to receive information of this type, please complete the form below. We are no longer able to depend on our postcards reaching you, and will not be sending anymore out.

Isle Family Dentistry believes strongly in protecting the privacy of our patients. When you provide this information to us, it is only used as a way to communicate with you. In order to protect your privacy, no confidential or personal information will be sent from Isle Family Dentistry text messaging. Isle Family Dentistry does not share the names or telephone numbers of patients with any other company, or with other patients.

**Please print all information neatly and legibly.**

Your Name: \_\_\_\_\_

Please list family members using the same phone number and/or email address listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Text: Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby give Isle Family Dentistry permission to send messages to me via text messaging, email, or voice calls as means of communication for Appointments or Recalls.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name