



MICHAEL FERNANDEZ

FAMILY DENTISTRY

a Division of Atlantic Dental Care, PLC

AGREEMENT TO RECEIVE ELECTRONIC COMMUNICATION

I agree that the dental practice may communicate with me electronically at the email address provided by me in my patient registration.

I am aware that there is some level of 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 (757) 497-4825.

Patient Name

Date

Signature