

CLARK FAMILY DENTAL ASSOCIATES, LLC

ROBERT J. MARTINO, DDS
ALLISON C. SCEPPAGUERCIO, DMD
152 CENTRAL AVENUE
SUITE 202
CLARK, NJ 07066
732-382-8280

How would you like us to communicate with you?

Our dental office sends appointment reminders as a service to our patients. Please tell us how you would like us to communicate with you.

Your name: _____ Today's Date: _____

Check or complete all that apply (please print clearly):

Contact me by U.S Mail at the following address: _____

Contact me by email at the following email address: _____

For Phone and Text Communications:

Phone Number: _____

By checking this box, I consent to the following: The dental practice may contact me to provide health care information such as appointment reminders and information about treatment, payment, my account or insurance. The dental practice may:

- Call me
- Text me
- Call me and text me

Signature: _____ Date: _____

Please call the dental office right away if you get a new telephone number!

For Office Use Only:

- Consent revoked. Date/Initials: _____/_____
- Possible reassigned number. Date/Initials: _____/_____
- Confirmed accurate. Date/Initials: _____/_____

Date/Initials: _____/_____ Date/Initials: _____/_____

Date/Initials: _____/_____ Date/Initials: _____/_____