

**Cambridge Family Dental  
Juan Manuel Molina, DDS  
3859 E. Southcross Blvd., Ste. E  
San Antonio, TX 78222**

Agreement to Receive Electronic Communication

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I agree that the dental practice may communicate with me electronically by text message and email.

**I am aware that there is some level of risk that third parties might be able to read the text message and unencrypted emails.**

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

I can withdraw my consent to electronic communications by unsubscribing directly on the text or email you received or call our office at (210)337-7114.

Cell phone: \_\_\_\_\_

Email Address (PLEASE PRINT CLEARLY):

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\_\_\_\_ I opt out (decline) of electronic communication.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_