

Quinn Dental, P.A.
3938 Cedar Grove Pkwy.
Eagan, MN 55122
651-452-9660

COMMUNICATIONS CONSENT FORM

Patient Name _____ Date of Birth _____

I give permission to be contacted in the following manner (please fill in phone numbers and check all that apply)

Home #: _____ Cell Phone #: _____

OK to leave message with information Leave message with call-back number only

OK to leave message at home or cell with the following family members:

Name _____ Relationship _____

Work Phone #: _____

OK to leave message with information Leave message with call-back number only

Appointment Reminders

Our office is primarily confirming appointments by e-mail or text. Please indicate your preference on how we contact you:

Text Message to number _____ e-mail address _____

Consent to discuss treatment with:

Name _____ Relationship _____

Signature _____ Date _____