



2615 WEST 24<sup>TH</sup> STREET • PLAINVIEW, TX 79072 • (806) 296-6057

## PATIENT(S)

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Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_

## TEXT-EMAIL CONSENT

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Super Smiles 4 Kids will occasionally contact you through text or email to confirm dental appointments and/or your healthcare updates. I hereby grant permission to Super Smiles 4 Kids to send text or emails to confirm my dental appointments and/or healthcare updates:

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

Parent/ Guardian Signature: \_\_\_\_\_

## PHOTO RELEASE

*Opt out of this option (Check here)*

On occasion, we select patients whose treatment results have been so impressive or events/ contests are won that we like to feature them on our website and other marketing. Signing below authorizes us to use your before and after photos for this purpose. I hereby grant permission to Super Smiles 4 Kids to use my photograph on its internet website or in other official printed publications without further consideration, and I acknowledge Super Smiles 4 Kids right to crop or treat the photograph at its discretion. I also acknowledge that Super Smiles 4 Kids may choose not to use my photo at this time, but may do so at its own discretion at a later date. *Face picture taken for the chart will not be used in any publication.*

If yes, Parent/ Guardian Signature: \_\_\_\_\_

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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You may refuse to sign this acknowledgment & if the patient is under 18 years of age, a parent or legal guardian must sign. I have received or was offered a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

### ***For Patients who need pre-medication only:***

I am authorizing this office to call me and remind me to take my pre-medication before my dental appointment. They may leave a message for me regarding this information at any number that I have supplied to them. They may leave a message on any answering machine, voice mailbox or with whoever answers the telephone. I also authorize this office to remind me of my pre-medication on any postcard reminders that the office will mail to me.

\_\_\_\_\_  
Parent/ Guardian Signature