

PATIENT PREFERRED CONTACT METHOD

I confirm that my contact details are correct and I would prefer to be contacted by this Dental Practice by the following method (please insert preferred method and details)

Home or mobile telephone number:

Email address:

Text/SMS message:

Letter Post:

Address:

If I am unable to speak/receive a message/read any correspondence I authorise the Practice to

Leave a message on this telephone number:

OR

Communicate with my Husband/Wife/Parent/Partner/Carer

Give Name:

Relationship:

Signed

Date

Permitted use of personal data (STRIKE OUT CLAUSE A or B)

- A) EITHER, In the event that any person working at Zen Clinic wishes to use any of my personal data for use for marketing, promotional, educational, training or any other purpose than my care and treatment; I permit the practice management to make an information request to me using the following method: Specify how to be contacted here:
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- B) I do not permit the practice management to request using my personal data for any purpose other than my care and treatment.

NAME:
Date

SIGNED

