

**PHONE MESSAGE CONSENT FORM**

Your dentist and other staff members will, at times, need to contact you. By filling out the information below, we will be better able to serve you.

**UNLESS WE HAVE YOUR WRITTEN PERMISSION TO DO SO, WE WILL NOT:**

* LEAVE MESSAGES WITH ANYONE EXCEPT THE PATIENT OR LEGAL GUARDIAN
* LEAVE INFORMATION ON AN ANSWERING MACHINE/ VOICE MAIL

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give Great Pond Dental my permission to leave phone messages regarding my dental care and the financial status of my account with the following individual(s) and/or answering systems. I fully understand that this consent will remain in effect unless revoked in writing.

**My cell phone voice mail:** (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ initials \_\_\_\_\_

**My home answering machine:** (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ initials \_\_\_\_\_

**My work voice mail:** (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ initials \_\_\_\_\_

**My spouse:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at

(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ initials \_\_\_\_\_

**Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at

(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ initials \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**