In compliance with the CASL (Canadian Anti-Spam Legislation), we must obtain your permission for receiving email. You may retract your permission at any time by emailing us with your request. Please initial beside all items you wish to give consent for.

**EMAIL**

Email me for the following: INITIALS:

* Appointment reminders/changes/confirmations \_\_\_\_\_\_\_\_\_\_
* Receive or send surgical or treatment information \_\_\_\_\_\_\_\_\_\_
* Receive invoices/quotations for procedures \_\_\_\_\_\_\_\_\_\_
* Receive monthly newsletters & clinic promotions (4-6 times per year) \_\_\_\_\_\_\_\_\_\_

Confirm current email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Please do not email me for any reason \_\_\_\_\_\_\_\_\_\_

**TEXT**

Text me for the following:

* Appointment reminders/changes/confirmations \_\_\_\_\_\_\_\_\_\_
* Receive or send surgical or treatment information \_\_\_\_\_\_\_\_\_\_
* Receive monthly newsletters & clinic promotions (4-6 times per year) \_\_\_\_\_\_\_\_\_\_

Confirm current cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Please do not text me for any reason \_\_\_\_\_\_\_\_\_\_

Preferred method of contact: Text Email Phone call

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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