

Modern Dental Concepts

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HIPAA RELEASE

Can a message be left on your answering machine? Yes No

Would you like to receive appointment reminders by email? Yes No

Email address: _____

Would you like to receive appointment reminders by text? Yes No

Cell phone #: _____

Information about my treatment at Modern Dental Concepts can be given to the following people (do not include physicians):

Name: _____

Relationship: _____

Phone Number: _____

Name: _____

Relationship: _____

Phone Number: _____

Name: _____

Relationship: _____

Phone Number: _____

Patient name (please print)

Signature

Date