



Annette Bak Moranda, DDS
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Patient Name: _____ Date of Birth: _____

I agree that the dental practice may communicate with me electronically at the email address below.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails.

I am responsible for providing the dental practice any updates to my email address.

I can withdraw my consent to electronic communications by calling: **760-321-8003**

Email Address (PLEASE PRINT CLEARLY):

Patient Signature: _____

Date: _____