

Patient Opt-In Form

(Office Name)

(Office Address)

(Office Phone Number)

Please fill out the following information to opt in for our services:

1. Personal Information:

Full Name: [_____]
Date of Birth: [_____]
Gender: [_____]
Address: [_____]
City: [_____]
State: [_____]
ZIP Code: [_____]
Phone Number: [_____]
Email Address: [_____]

2. Health Information:

Primary Care Physician: [_____]
Insurance Provider: [_____]
Policy/ID Number: [_____]
Allergies: [_____]
Current Medications: [_____]
Medical Conditions: [_____]
Emergency Contact: [_____]
Emergency Contact Phone: [_____]

3. Communication Preferences:

Please select your preferred method(s) of communication:

- Phone
- Email
- Text Message
- Mail

4. Consent:

I hereby authorize (Office Name Here) to use the provided information for the purpose of delivering healthcare services and communicating with me regarding my medical care . I understand that my information will be kept confidential and will only be shared with authorized healthcare professionals directly involved in my treatment.

I consent to the above statement.

5. Text Messaging Opt-In:

Please check the box below to give your consent and opt in to receive text messages from our dental office. By opting in, you agree to receive appointment reminders, important updates, and exclusive offers via text message. Standard messaging rates may apply.

I consent and opt in to receive text messages from University Park Dental.

*You can opt out at any time by replying 'STOP' to any message. Please note that messaging is not a secure form of communication, and we recommend discussing any sensitive or personal information during your office visits. Thank you for choosing the (Office Name Here).

6. Signature:

By signing below, I acknowledge that the information provided is accurate and complete to the best of my knowledge.

Signature: [_____]

Date: [_____]

Please return this form to our office or submit it online via our website. If you have any questions or need assistance, please contact us using the information provided above.

Thank you for choosing (Office Name Here). We look forward to serving you.