GEORGE A. EZZL D.M.D.

Pleasant Dental Center

126A Pleasant Valley Street Suite 4 Methuen, MA 01844
P: 978-688-9200 F: 978-688-4949

Email: pleasantdentalcenter@comcast.net

Cell Phone and Email Use Policy

I provide the consent to Pleasant Dental Center to use my cell phone number to

O Call O Text regarding appointments O Leave a message O Email

I consent to Pleasant Dental Center to call using my cell phone regarding dental treatment, insurance, and my account. I understand that I can withdraw this consent at any time.

| My phone number i | S; |
|--------------------------|----|
| Email: | |
| | |
| Patient Signature: | |
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