

**Mt. Diablo Family Dentists**  
**Dr. Naina Jain DMD**

**COMMUNICATIONS CONSENT**

**Cell Phone:**

I consent to Mt. Diablo Family Dentists using my cell phone number to (choose one or both)  call or  text regarding appointments and to call regarding treatment, insurance, and my account.

I understand that I can withdraw my consent at any time. My cell phone number is:

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**E-mail:**

I consent to Mt. Diablo Family Dentists using my email address to correspond with me regarding appointments, treatment, insurance, and my account.

I understand that I can withdraw my consent at any time. My e-mail address is:

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date