



BellaVista DentalCare

Family & Cosmetic Dentistry

YOUR E-MAIL ADDRESS WILL BE USED TO CONFIRM APPOINTMENTS

MAY WE USE YOUR E-MAIL ADDRESS FOR ALL OF THE FOLLOWING:

DR. CORRESPONDENCE

SCHEDULING APPOINTMENTS

QUARTERLY NEWSLETTERS

PATIENT'S/GUARDIAN'S NAME: _____

PATIENT'S/GUARDIAN'S SIGNATURE: _____

DATE: _____

YOUR EMAIL ADDRESS: _____