

Are you interested in discussing with us the options we have available in esthetic dentistry to beautify your smile? YES NO

Any concerns about fine lines and wrinkles on your forehead, around the eyes and/or around the mouth? YES NO

Have you ever had botox and/or dermal fillers? YES NO

Any questions about your lower face? Profile? Double Chin? YES NO

Please circle if interested to find out about:

Botox Derma Fillers Skincare Products BreathRx Teeth Straightening

Kybella (If concerned about double chin) Veneers Electric Toothbrush

Are you interested in improving your skin? Lashes? YES NO

Have you ever been concerned about clenching or grinding teeth? YES NO

Communication Consent

I consent to the dental practice using my cell phone number and/or email to (choose one or more) call text email regarding appointments and to call regarding treatment, insurance, my account, and special promotions. I understand that I can withdraw my consent at any time.

My cell phone number is (include area code): (_____) _____ - _____

My email address is: _____

Patient, or Parent/Guardian Signature _____

If a dental practice does not do in-house marketing or promotion, remove the term "special promotions" from each paragraph above.

Other federal and state rules govern telemarketing and commercial email messages. A summary of these laws is available on the website of the Office of Attorney General oag.ca.gov/privacy/privacy-laws