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(512) 327-7700
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Consent for Communication

Dr. Silvertooth or her answering service may wish to contact you regarding your appointments or care, or to return your messages. Please acknowledge which form of communication you consent to allow. Please keep in mind that no form of communication is completely confidential.

I do consent to allow Dr. Silvertooth or her answering service to call my primary phone number and leave a message if necessary. _____(initials)

I do consent to allow Dr. Silvertooth or her answering service to call my secondary phone number and leave a message if necessary. _____(initials)

I do consent to allow Dr. Silvertooth to communicate via email. _____(initials)

I do consent to receive automated email appointment reminders. _____(initials)

Signature and date