

Patient Name: \_\_\_\_\_

By checking the below box and signing, I agree to enroll in Community Dental Care's mobile communication service provided by Relay Network. I have read and agree to the [Terms & Conditions](https://my.relayit.com/terms-and-conditions) (https://my.relayit.com/terms-and-conditions) and give my consent to receive important reminders, marketing messages and benefits via automated SMS from Community Dental Care and Relay. This is an optional service and is not required to receive dental treatment.

I agree to receive text messages

\_\_\_\_\_  
Patient/Guardian/Legally Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship (if other than patient)

Standard message and data rates may apply based on carrier rates and plans.