

Smile Starters
General Dentistry for Youth
first tooth through age 20

Dear Parent/Guardian,

Thank you for bringing your child (children) into our dental office today. The privacy of your health information is important to us. Upon arrival, you should have been offered a copy of the Smile Starters "Notice of Privacy Practices". While we do not share your information to outside firms for marketing purposes, we will as a service to our patients, provide a courtesy appointment reminder call and possibly other important calls that may be placed using a prerecorded message.

By signing this document, you are acknowledging a copy of the Smile Starters "Notice of Privacy Practices" has been made available to you. A copy of our privacy practices can also be found at www.smilestartersdental.com. You are also consenting to receiving prerecorded messages to the phone numbers provided below for appointment reminder purposes or other important calls as may be required. To opt out, follow the message prompts.

Once again, we thank you for allowing Smile Starters to provide your dental services today.

Sincerely,

Your Smile Starters Team

Child Name: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Home Phone Number: _____

Mobile Phone Number: _____