gentech dentist

CONSENT TO RECIEVE MOBILE COMMUNICATIONS

Patient Name: _____

By checking the below box and signing, I agree to enroll in Gentech Dentist's mobile communication service provided by Relay Network. I have read and agree to the Terms & Conditions (https://my.relayit.com/terms-and-conditions) and give my consent to receive important reminders, marketing messages and benefits via automated SMS from Gentech Dentist 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.