



Phone Consent

With my consent Elite Endodontics may:

- Call my home? Yes No
- Leave a message on an answering machine at home? Yes No
- Call my work or cell? Yes No
- Leave a message on voicemail at work or cell? Yes No

With my consent, Elite Endodontics may give appointment, insurance and account information to family members listed below:

- | | |
|----------|---------------|
| Name: | Relationship: |
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Signature: _____ Date: _____