

Request for Confidential Communications

This form illustrates how a dental practice might document a patient's request that the practice communicate with the patient in a different way or at a different place.

To the Patient: Use this form if you would like our dental practice to communicate with you other than at your primary phone number and/or address. Fill out this request in its entirety.

Patient Name (print): _____

Alternative Communication Request (Please tell us the way you would like us to communicate with you, and/or the address you would like us to use):

Payment Information

Your request may affect our normal billing and payment procedure. Please specify your alternative method for handling payment.

Caution: there is some level of risk that third parties might be able to read unencrypted emails.

Signature of Patient: _____ Date: _____

For Personal Representatives of the Patient

Print Name of Personal Representative: _____

Relationship to the Patient: _____

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