

Marketing Consent Form

Fields marked with a red * are required.

Purpose:

We occasionally send patients updates about services, special offers, seasons' greetings and oral health tips.

Please indicate your preference below:

[] YES, I consent to receiving marketing communications via:

- SMS
- Email
- WhatsApp

[] NO, I do not wish to receive any marketing communications.

You can withdraw your consent at any time by contacting us via email, phone, or at the clinic reception.

Patient Name*

Contact Number*

Email Address:

Signature*

Date*