



Olivia S. Cajulis, D.D.S. Inc.

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E-Mail / Text Notification Opt-in Consent Form

OLIVIA S CAJULIS DDS is in the process of offering E-Mail and Text Message notification for Appointment Reminders and other patient care related information. This system will allow you to verify appointment at a time convenient to you, to request future appointment, and to keep you informed of office and patient care information. If you choose to opt-in to this system please provide us with your email address and text messaging number below. This information is only used for **OLIVIA S CAJULIS DDS** purposes and is governed by the same HIPAA protection as all other information. We will start utilizing this system once we have enough text/email addresses from our patients' parents/guardians.

Full Name: _____

Mobile Number: _____

Email: _____

I authorize OLIVIA S CAJULIS DDS to notify me of patient care related information on my E-Mail or Text Messaging.

Signature: _____ **Date:** _____