



DAVID YASUDA, DDS

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DENTAL MATERIALS FACT SHEET

I have received a copy of this office's Dental Materials Fact Sheet as required by law.

Signature

Date

COMMUNICATIONS

I consent to the dental practice using my cell phone number to (choose one or both of the following):

call/leave a detailed message regarding my appointments, treatment, insurance, finances and my account yes no

text regarding appointments yes no

I understand that I can withdraw my consent at any time.

My cell phone number is () _____ (initial)

I consent to receiving from the dental practice email communications regarding appointments, health education and special promotions.

I understand that I can withdraw my consent at any time.

My email address is: _____ (initial)