

## **Minor Release Form**

I give my permission to Dr. Ravneet Nijjar and/or her designated hygienist or assistant to perform any and all dental techniques and procedures, including but not limited to the administration of nitrous oxide sedation and anesthetics, on my minor child, whether or not I am present at the actual appointment that the treatment is rendered. I agree to be easily accessible by phone during the time of the above child's appointments in case of emergency or a change in treatment plan. I further expressly agree to be financially responsible for all treatment rendered to the above named child.

**Signature**

**Date**

## **PATIENT E-MAIL AND TEXT MESSAGING**

Due to the changing world of healthcare and technology, we now have the ability to provide our patients with certain types of information via e-mail and/or text messaging.

We believe strongly in protecting the privacy of our patients. When you provide this information to us, it is only used as a way to communicate with you. In order to protect your privacy, no confidential or personal information will be sent from us via email or text messaging. We do not share the names, e-mail addresses, and/or telephone numbers of patients with any other companies, or with any other patient.

By placing my signature below, I acknowledge that I have read and understand the above statement on emails and text messages. I hereby give permission to send messages to me via the selection(s) indicated below as means of communication. Should I have any questions, I can contact the practice at any time.

### ***Communication Type***

- Email and Text*
- Email Only*
- Text Only*
- None*

**Signature**

**Date**