

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Name of patient (please print): \_\_\_\_\_

Date of birth: \_\_\_\_\_

I request that all communications to me (by telephone, mail or otherwise) by Wheaton Cosmetic Dentistry and/or its staff be handled in the following manner:

For written communications: Address to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For oral communications: Call \_\_\_\_\_  
(telephone number)  
May we leave a message?  
 Yes  No

For E-mail communications: E-mail address (please print clearly):  
\_\_\_\_\_

If the address provided above is not your home address or is not a street address, please provide us with your home address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

For Practice Use Only

Practice: <input type="checkbox"/> Accepts <input type="checkbox"/> Denies
Privacy Officer: Sumeet Beri, DDS _____
Date: _____