

Contact Information Form

Dear Patient,

We are updating our database and would like your assistance. Please fill out the following information and return to the front desk. Thank you for your cooperation!

Irvine Dental Group

Name of Patient: _____ DOB: _____

Email: _____@_____

Cell Phone Number: _____ preferred number to contact

Home Phone Number: _____ preferred number to contact

Work Phone Number: _____ preferred number to contact

Occasionally, we will be emailing a newsletter with specials, discounts, dental tips, and other useful information relating to our practice. We will NOT sell or give your information to a third party. If you do NOT wish to receive emails, please check the box below. If box is unchecked, you are agreeing to receive occasional emails from Irvine Dental Group, Don T.C. Niu D.D.S. Inc.

I do NOT wish to receive emails from Irvine Dental Group, Don T.C. Niu D.D.S. Inc. I understand I will be missing out on specials, discounts, dental tips, and other useful information. I also understand I can change my mind at any time by informing Irvine Dental Group in writing.

Signature: x _____

Date Signed: _____