

CONTACT INFORMATION UPDATE FORM

PATIENT'S FILE NUMBER

Mohammad Ali Farid, DMD DDS, PLLC
2401 S. Kanawha Street, Suite 103
Beckley, WV 25801 Tel: 304-252-3232
PatientRelations@mafariddds.com



My New/Current Contact information is as follow and I, _____, authorize
MOHAMMAD ALI FARID DMD DDS, PLLC staff to contact me via: _____ Patient or Guardian's Name

- Email: _____
- Mobile Number: _____ Text Message: _____
- Home Number: _____ Work Number: _____
- Any of the above Other: _____

Please include name of the person, relationship to patient and contact information.

I, **DO CONSENT** **DO NOT CONSENT** to **MOHAMMAD ALI FARID DMD DDS, PLLC** staff leaving text and/or voice message containing detailed medical information on the contact information listed above. This information may include, but not limited to, demographic information (partial or full name, date of birth, address, etc.), billing information, medical information (diagnosis, medications, test results, etc.).

I understand that **MOHAMMAD ALI FARID DMD DDS, PLLC** cannot require me to sign this consent form in order to receive treatment.

I understand that I have the right to revoke this consent at any time by sending a written request to **MOHAMMAD ALI FARID DMD DDS, PLLC**. This "Consent to Leave Text and/or Voice Message" is valid until such revocation is received by our office. My decision to revoke this consent does not apply to any information disclosed in a Text/Voice message prior to the date of my revocation of this consent. I understand that I am entitled to a copy of this completed consent form.

Please **print** name of Patient

Please **sign** Patient / Guardian of Patient

Legal Representative / Guardian

Relationship of Legal Representative / Guardian

OFFICE USE ONLY

As Office Staff, I attempted to obtain the patient's (or representatives) signature on this Acknowledgment but did not because:

- It was emergency treatment
- I could not communicate with the patient
- The patient refused to sign
- The patient was unable to sign because: _____
- Other (please describe) _____

Name and Title of Office Staff _____ Date: _____

Name and Title of Witness: _____ Date: _____

