Mohamed Ahmed, DDS
677 Old Mill Rd
Millersville, MD 21108
(410)-729-0390

Patient Consent to receive Mail and/ or Telephone Messages

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Please Print (Last Name) *(First Name)* *(M.I.)*

Do we have your permission to:

Send a recall appointment reminder to your home? Y______N______

Leave Appointment, Billing or dental information on your answering machine/voice mail/e-mail: Y______N______

I give Permission to share appointment, billing or dental information with the person named below:

Name: ________________________________

Acknowledgment of receipt of Notice of Privacy Practices

I have received a copy of the NOTICE OF THE PRIVACY PRACTICE with an effective date of April 14, 2003

____ ____________________

Signature of Patient/ Parent or legal Guardian Date