



## Confidentiality Consent Questions

We want to help you in all areas of your dental care including making or changing appointments as easy as possible for you and your family. Please fill in the form below to enable us to discuss your treatment with a family member if you are not available.

Do you consent for us to contact you by phone / text / email / letter?

Yes                      No

Are you happy for us to leave answer phone messages for you?

Yes                      No

Are you happy for us to leave a message with a family member?

Yes                      No

Are you happy for a family member to make or change appointments for you?

Yes                      No

If yes, please give name (s)

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Are you happy for us to discuss any aspects of your treatment with a family member or partner?

Yes                      No

If yes, please give name (s)

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Your Name \_\_\_\_\_

Signed \_\_\_\_\_

Date of Signature \_\_\_\_\_