

RIALTO FAMILY DENTAL CENTER
CONTACT INFORMATION

FOR: _____ DOB _____
(patient's name)

Today's date: _____

At Rialto Family Dental Center, we consider you as part of our dental office family. We like to keep in touch with all of our patients regarding new products and upcoming promotions, as well as monthly newsletters and appointment confirmations and reminders. Please note that this information is confidential and will only be used by our office. Please provide your contact information below-

You may e-mail me: Y N



at: _____

You may send text messages to my mobile phone: Y N



at: _____

You may contact me by phone : Y N



at: _____