



Cell Phone Number: _____ Home Phone Number: _____

Mailing Address: _____ Email Address: _____

I consent to receive contacts from All About Smiles for my protected healthcare and other services at the phone number(s) above, including my wireless number provided. I understand I may be charged for such contacts by my wireless carrier and that such contacts may be generated by an automated dialing system. Please place a check mark next to all approved methods of communication below.

- Calls on cell phone
- Calls on home phone
- Text messages on cell phone
- Email messages
- Postcard/ Mail communications
- Messages may be left

I consent this for myself and those members on my account,

Print: _____

Sign: _____

Date: _____