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**How would you like for us to communicate with you?**

Our office sends appointment reminders, information about treatment, payment and insurance, and other communications. We will always use a phone call and mail as a primary source of communication. We confirm your appointments by text, email or phone calls. If you do not want a phone call, then respond either by text or email. Please update your current mailing address and contact information, and please let our office know right away if there are any changes in the future.

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

- Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

**For Phone, Email and Text Communications:**

Cell Number: \_\_\_\_\_

- By checking this box, I consent to the following:** The dental practice or its service provider may contact me to provide health care information such as appointment reminders and information about treatment, payment, my account or insurance, using artificial or prerecorded voice or telephone equipment that may be capable of automatic dialing. The dental practice may (check all that apply):
- Text me**
  - Email me** at \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\*\*\*As a friendly reminder, our office **requires** confirmation for ALL appointments and there is a \$50 cancellation fee for **all** appointments cancelled with less than **48 hours** notice\*\*\*

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**For Office Use Only:**

- Consent Revoked. Date/Initials:** \_\_\_\_\_/\_\_\_\_\_  
 **Confirmed Information is Accurate: Date/Initials:** \_\_\_\_\_/\_\_\_\_\_  
**Date/Initials:** \_\_\_\_\_/\_\_\_\_\_ **Date/Initials:** \_\_\_\_\_/\_\_\_\_\_  
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