



Gale Maraña DDS
488-7868

98-199 Kamehameha Hwy. Suite C-9

Aiea, Hawaii 96701

Electronic Communication Consent & Acknowledgement

Our office sends out appointment confirmations and reminders for you and your family via text and/or email messages. We also remind you if you are due for your regular check-up and cleaning via text and/or email messages. Please add our email address pkdentistry@live.com to your contact list or address book to help ensure that appointment reminders are received properly.

I, _____, agree that Pearl Kai Dentistry/Gale Marana DDS and staff may electronically communicate with me at the following:

E-MAIL ADDRESS: _____

CELL PHONE NUMBER FOR TEXT MESSAGES: _____

I acknowledge that Pearl Kai Dentistry/Gale Marana DDS and staff may send the following via email or text message.

- Information about dental visit
- I am responsible for providing the dental practice with any updates to my email and/or cell phone number.
- I am able to receive information electronically and privately. I will store information securely away from public computers.

NOTE: For text messages, please be aware that you are responsible for the standard text messaging rates as defined in your wireless service agreement. All electronic communications from our practice is encrypted.

By utilizing these electronic services, I understand that any of the identified communication will be sent through the internet and wireless services by Pearl Kai Dentistry/Gale Marana DDS.

Patient/Parent/Legal Guardian Signature

Date: