

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Name of patient (please print): _____

Date of birth: _____

I request that all communications to me (by telephone, mail or otherwise) by
Wheaton Cosmetic Dentistry and/or its staff be handled in the following manner:

For written communications: Address to: _____

For oral communications: Call _____
(telephone number)
May we leave a message?
___ Yes ___ No

For E-mail communications: E-mail address (please print clearly):

If the address provided above is not your home address or is not a street
address, please provide us with your home address:

Patient Signature _____

Date _____

For Practice Use Only

Practice: ___ Accepts ___ Denies

Privacy Officer: Sumeet Beri, DDS _____

Date: _____