

21116 N. John Wayne Pkwy, Ste B7 • Maricopa, AZ 85139 • (520) 568-3828

Child(ren):
Text- Email Consent
Super Smiles 4 Kids will occasionally contact you through text or email to confirm dental appointments and/or your healthcare updates. I hereby grant permission to Super Smiles for Kids to send text or emails to confirm my denta appointments and/or healthcare updates:
Text:Email:
Parent/ Guardian Signature:
Photo Release Form Op Out of this option (Check Here)
On occasion, we select patients whose treatment results have been so impressive that we like to feature them on our website and other marketing. Signing below authorizes us to use your before and after photos for this purpose. I hereby grant permission to Super Smiles for Kids to use my photograph on its internet website or in other official printed publications without further consideration, and I acknowledge Super Smiles for Kids right to crop or treat the photograph at its discretion. I also acknowledge that Super Smiles for Kids may choose not to use my photo at this time but may do so at its own discretion at a later date. Face picture taken for the chart will not be used in any publication.
If yes, Parent/ Guardian Signature:
Acknowledgement Of Receipt Of Notice Of Privacy Practices
You May Refuse to Sign This Acknowledgment & if the patient is under 18 years of age, a parent or legal guardian must sign. I have received or was offered a copy of this office's Notice of Privacy Practices.
Parent/ Guardian Signature Date
For Patients who need pre-medication only.
I am authorizing this office to call me and remind me to take my pre-medication before my dental appointment. They may leave a message for me regarding this information at any number that I have supplied to them. They may leave a message on any answering machine, voice mailbox or with whoever answers the telephone. I also authorize this office to remind me of my pre-medication on any postcard reminders that the office will mail to me.
Parent/ Guardian Signature