



RURAL HEALTH, Inc.
We specialize in you

RURAL HEALTH, INC. DENTAL CLINIC
Dental Contact Preference Form

Phone

- Home # _____
 Cell # _____

Text Message (text message charges may apply)

Please list what number we should send text messages to:

Email

Please list your current email address:

Please check **at least** one contact method above.

Signature:

Relationship to Patient:

Date Signed:

THANK YOU.

Dental Contact Form
03/06/2017 RR