

Murphree Smile Designers

602 Pegram Drive

Tupelo, Mississippi 38801-6322

662-842-7154

Our dental office sends appointment reminders, information about treatment, payment and insurance, and other communications. Please tell us how you would like us to communicate with you.

Your Name: _____

Date of Birth: _____ S.S.# _____

Contact me by U.S. Mail at the following address: _____

Contact me by email at the following email address:

Phone and Text Communications:

Call Me @ _____

Text Me @ _____

Employed by _____

Employment phone number _____

By signing, 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 office staff, artificial or prerecorded voice or telephone equipment that may be capable of automatic dialing.

Signature: _____ Date: _____