



CONTACT INFORMATION

As a valued patient, Dentistry at the Inn on Lake Bonavista requests your consent to allow us to contact you with important information from our practice. Your consent is required to comply with the Canadian Anti-Spam Legislation (CASL).

Please complete the form and return it to our office. You may change your mind and unsubscribe at any time.

If you have any questions, please contact us. Thank you!

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|-----------------|--|
| Name: | |
| Address: | |
| Business phone: | |
| Home phone: | |
| Cell phone: | |
| Email: | |

I prefer to receive appointment confirmations via:

- phone
- email
- text

I prefer not to receive any appointment reminders:

-

Signature

Date

| | |
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