

DOBBS ORTHODONTICS

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Date: _____

I _____ give Dobbs Orthodontics permission to correspond
(Patient/Guardian)

with me by email to: _____
(Your email address)

I understand that Dobbsorthodontics@outlook.com uses an encrypted email system. I understand that Dobbs Orthodontics cannot and does not assume any responsibility for my use or misuse of patient information or other information transmitted, monitored, stored, uploaded or received using this email service.

In addition, I give Dobbs Orthodontics permission to correspond with, and release information through mail or email with other professionals involved in _____'s treatment.
(Patient/Guardian)

(Patient/Guardian's signature)