

*Smiles*  
on Randall

Date: \_\_\_\_\_

We are committed to providing you with the best care. In order to achieve these goals we need your assistance. We need your E-mail address to improve communication with you and your family and to keep you updated with any specials, healthy tips, and updates from the American Dental Association.

Yes, I would like to receive E-mails.

No, do not send E-mails.

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Signature: \_\_\_\_\_

Dr. J.R. Patel