



TAIRA DENTISTRY

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Agreement to Receive Electronic Communication

I agree that the dental practice may communicate with me electronically at the email address below.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails and text messages.

I am responsible for providing the dental practice any updates to my email address.

I can withdraw my consent to electronic communications by calling: 301-963-9690 or emailing the office at doctaira@tairadentistry.com.

Patient Name: _____ Date of Birth: _____

Email Address (PLEASE PRINT CLEARLY):

Cell Phone for texting (Carrier charges may apply):

Patient Signature: _____ Date: _____