

The Telephone Consumer Protection Act (TCP) enacted by the Federal Communications Commission (FCC) requires a signature from you to receive automated phone calls from the office of:

Dr. J. Matthew Elison @Elison Orthodontics  
Dr. Joseph H. Elison @ Elison Orthodontics.

"I, \_\_\_\_\_, hereby consent to receive autodialed and/or pre-recorded appointment reminder calls and recall reminder calls from/or on behalf of Dr. J. Matthew Elison @ Elison Orthodontics and Joseph H. Elison @ Elison Orthodontics at the telephone number(s) provided."

*I understand that consent is not a condition of services  
Effective October 16, 2013*

**Home** phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's **Cell** phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Father's **Cell** phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's **Work** phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Father's **Work** phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

***Please CIRCLE the phone number you would like us to call for your automated message.***

**E-mail** address: \_\_\_\_\_

Name of patient(s) in treatment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_