

Communications Update Form

“Communication is the Key.” We’ve all heard that, but in our practice, communications is critical in taking excellent care of you and your family. In the interest of making sure we are doing the right things right, please take a moment to update your information. Thank you for helping us help you.

Daniel S. Slaybaugh, DMD & Staff

Name: _____

Email: _____

Cell Phone #: _____

Home Phone #: _____

*** this information will be used for automated, email & text confirmation reminders**

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- **Occasionally, in certain circumstances, it is necessary to discuss your treatment, financial arrangements, or other healthcare needs with a relative or friend. Please designate with whom it may be appropriate to discuss your care:**

☐ **Spouse** _____ ☐ **Children** _____

☐ **Relative** _____ ☐ **Friends/Caregiver** _____

☐ **Other** _____ ☐ **Parent** _____

Please sign and date: _____
Signature **Date**