

Center for Esthetic Dentistry, LLC

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COMMUNICATION POLICY

We want to make every effort at CED to communicate with you efficiently. Sometimes, due to all of our busy schedules, it is very difficult to communicate effectively. We will attempt to telephone you at your home, and/or on your cell phone. If you're not available, we will leave a message on your answering machine or a generic message with whoever answers the telephone.

We contact our patients by telephone, email, or texting for the following reasons:

- ❖ Appointment scheduling
- ❖ Appointment reminders
- ❖ Routine test or x-ray results
- ❖ Procedure prep and instructions or follow-up to your visit
- ❖ Response to questions or concerns
- ❖ Office highlights
- ❖ Accounting matters

Your signature indicates that you agree with our communication policy.

_____ DOB _____
Printed Name

_____ Date _____

Communication Request

If the above manner of contact is not acceptable to you, please indicate how you prefer to be contacted (e.g., alternate telephone number, mailing address, etc)

Authorized to request dental information on my behalf:
I authorize the following people to request information on my behalf regarding scheduling, test results, procedures, etc..., anything listed above.

Spouse _____ Significant Other _____

Parent M/F _____ Sibling S/B _____

Patient Signature _____ Date _____