

Wilmington Dental Care
General Dentistry for Youth
first tooth through age 20

Dear Parent/Guardian,

Thank you for bringing your child (children) into our dental office today. Upon arrival, you should have received a copy of the Wilmington Dental Care "Notice of Privacy Practices". The privacy of your health information is important to us. While we do not share your information to outside firms for marketing purposes, we will as a service to our patients, provide a courtesy appointment reminder call and possibly other important calls that may be placed using a prerecorded message.

By signing this document, you are acknowledging receipt of the Wilmington Dental Care "Notice of Privacy Practices". You are also consenting to receiving prerecorded messages to the phone numbers provided below for appointment reminder purposes or other important calls as may be required.

Once again, we thank you for allowing Wilmington Dental Care to provide your dental services today.

Sincerely,

Your Wilmington Dental Care Team

Child Name: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Home Phone Number: _____

Mobile Phone Number: _____

Dr. Rafael Rivera Jr., DDS, PLLC