

TAMBRINI FAMILY DENTISTRY
Seth A. Tambrini, D.D.S.

Technology Policy

In order to ensure you the best possible care at Tambrini Family Dentistry communication is key. The NOTICE OF PRIVACY POLICY that you have been supplied can at times inhibit communication between the dentist, Dr. Seth Tambrini, and yourself.

Using this form, please denote which means and to whom we may communicate with regarding your treatments and appointments.

Doctor Tambrini / Tambrini Family Dentistry / Tambrini Dental Services INC.: may
(Check the appropriate)

_____ call me at home

_____ contact me at home and speak with anyone who answers

_____ leave a message on my home or cell phone

_____ contact me on my cell phone

_____ send me a text message

_____ contact me at my work number

_____ leave a message at my work number

_____ send a postcard

_____ send a birthday greeting

_____ email me: _____ @ _____ (will not be shared with anyone)

_____ other:

Or: please do not contact me other than via sealed USPS mail _____ (initial)

Patient: _____

Date: _____

This form can only be rescinded in writing to Dr. Tambrini