Evan G. Young, DDS, dba Midnight Sun Smiles, LLC 2000 Abbott Road Suite 100 Anchorage, AK 99507 Office- 907.349.5585 Fax- 907.522.1663 Email-mss@gci.net

Authorization to Receive Electronic Consent

Patient Name: _____ Date of Birth: _____

I authorize the dental practice named above to communicate with me electronically at the email address provided below.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails.

I am responsible for providing the dental practice any updates to my email address and I understand that I can withdraw my consent to electronic communications by contacting the dental office by phone or in writing.

My email address is as follows:

_____@_____

Date: _____

Patient Signature: _____