

San Jose Dental Surgery Center SMS Opt-In Agreement

First Name:

Last Name:

Phone Number:

Email Address:

Comments (Optional):

By signing below, I consent to receive SMS communications from San Jose Dental Surgery Center.

Message frequency may vary. Msg & data rates may apply.

Consent is not a condition of purchase. Reply HELP for help or STOP to cancel.

For full terms and conditions, visit <https://sanjosedentalsurgerycenter.com/terms>.

Signature:

Date: