

ELECTRONIC SIGNATURES

*Patient's Name: _____ Date of Birth: _____

Acceptance of Electronic Signatures

I understand, accept and agree with all of the following regarding electronic signatures ("e-signature"), duplicates, and faxes:

- I understand that my signing and submitting these form(s) in this fashion (e-signature, facsimile and/or duplicate) is the equivalent of having placed my handwritten signature on the submitted registration form(s), affirmations, agreements, releases, requests, authorizations and/or other documents.
- A copy of any or all of these forms and authorizations, or my signature thereon, may be used with the same effectiveness as an original.
- Electronic document services may include: DocuSign by Docusign Inc.; RSign, RDocs, and RForms by RPost Communications Ltd.; Acrobat Sign by Adobe Systems; Weave Forms by Weave Communications; Dentrix Forms by Dentrix Dental Systems and Henry Schein One; HelloSign by Dropbox Inc.; PBHS.com TruForm by RevenueWell; Cair by ToothApps, and/or any other reputable provider of e-signatures.
- I agree that the email address(es) as indicated in these registration form(s) herein is the address associated with me, and is acceptable for use for the purpose of creating a record of an electronic transaction, for receiving confirmations related to this transaction, and for receiving records and notices associated with this transaction.
- I agree that the phone number as indicated in these registration form(s) is the phone number associated with me, and is acceptable for use for the purpose of creating a record of an electronic transaction, for receiving confirmations related to this transaction, and for receiving records and notices associated with this transaction.
- In the event that I discover or suspect that my electronic identity, device(s), and/or associated account has been or is in danger of being lost, disclosed, compromised or subjected to unauthorized use in any way, I will immediately request in writing that my electronic signature be revoked. I understand that I may also request revocation at any time of my electronic signature for any other reason in writing.

With my signature below, I understand, acknowledge accept and agree to electronic signatures.

Your Name: _____ *Relationship:* SELF SPOUSE PARENT/GAURDIAN REPRESENTATIVE

Patient Signature: _____ **Date:** _____