



Informed Consent: Releasing Patient Information

If you have questions, write them in this margin and discuss them with Dr. Chun before signing this consent form.

I, _____, hereby give my consent for Smilewave Implant Dentistry to release the above-listed information to the email address provided above for the purpose listed above. I understand that the information may include sensitive medical information and I authorize the release of this information to my email address.

I acknowledge that Smilewave Implant Dentistry has explained the risks and benefits of releasing my information to my email address and that I have had the opportunity to ask questions and have them answered to my satisfaction.

I understand that I may revoke this consent at any time by submitting a written request to Smilewave Implant Dentistry.

Patient Name & Signature

Date

Subject: Request for Your Consent to Email Your X-Rays

Hello,

We hope you're doing well. We'd like to send your X-rays and medical information to your email address so you can access them easily from home. However, we need your permission to do so.

We've attached a form that explains everything in detail. Please read it carefully and sign it at the bottom. Once you've signed it, please email it back to us or bring it to your next appointment.

We can't email your X-rays without your signed permission. If you have any questions or concerns, please let us know.

Thank you,

Jayden Chun, DDS, MS
Smilewave Implant Dentistry