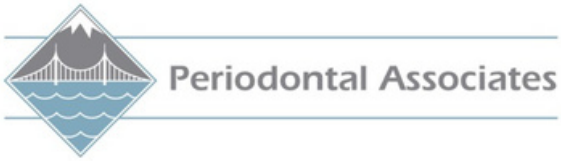

CONSENT FOR ELECTRONIC COMMUNICATIONS, INCLUDING TELEPHONE CALLS, VOICEMAIL TRANSMISSIONS, RECORDED MESSAGES, EMAILS, AND SMS/TEXT MESSAGES

By signing this agreement, you specifically request, expressly consent to receive, and authorize Periodontal Associates ("the Clinic"), its affiliates, business associates, and service providers, and (ii) our messaging platform provider, NexHealth, Inc. and its affiliates ("NexHealth"), to deliver, or cause to be delivered, telephone calls including calls, text messages, or voicemail transmissions using an automated system for the selection or dialing of your phone number or the playing of an artificial voice or pre-recorded message. This could result in charges to you according to your phone plan. These calls and messages will be for health care and other purposes including but not limited to, for the purpose of treatment, appointment reminders and office closure announcements, clinic operations, customer surveys and for the purpose of servicing your account, payment and billing and collecting any amounts you may owe. The clinic and NexHealth, Inc. will not share, sell, or transfer your mobile opt-in data (including your telephone number) to any third parties or additional affiliates.

If at any point you change or obtain a new phone number, or if you no longer maintain the phone number you originally provided to us, you agree to notify the Clinic immediately of such change.

I authorize and expressly consent to receiving calls and messages to my telephone number placed by the Clinic, its affiliates, associates, and service providers, and NexHealth using an automated system for the selection of dialing of my phone number or the playing of an artificial or pre-recorded voice message or for text messages or voicemail transmissions or email messages, for healthcare and other purposes, including treatment, appointment reminders and office closure announcements, clinic operations, customer surveys, and for servicing my account, payment and billing, or collecting amount I may owe. I agree to notify the Clinic immediately if I change or obtain a new phone number, or no longer maintain the phone number provided herein.

I understand that I need not directly or indirectly sign this form or agree to enter into such an agreement as a condition to purchase any goods or services and such messages and phone calls carry certain risks. For example, messages may be sent in unencrypted form. They could be received by others if others have access to my device or if my messages are sent to another device. I understand the risks, and I expressly consent to receiving these messages and ask the Clinic and NexHealth to communicate with me in this form.

I have read this disclosure in its entirety and agree that the Clinic, its affiliates, business associates, or its service providers and NexHealth may contact me as described above. I understand that this consent form supersedes any conflicting language in the Clinic's and NexHealth's online privacy policies. You can opt out at any time by replying with "STOP", using the "unsubscribe" link in our emails, or by calling our office at (503) 620-2807.

Patient's Signature *

Todays Date