

**Wm. Todd Hamer, D.M.D., P.C.**  
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**PRIOR CONSENT TO CONTACT CONSUMER BY CELL PHONE/E-MAIL**

You agree, in order for us to service your account, confirm any dental appointments you or your dependents have or to collect monies you owe, Wm. Todd Hamer DMD, PC and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or e-mails, using any e-mail address you provide to us. Methods of contact may include pre-recorded/artificial messages and/or use of automatic dialing device, as applicable.

I/We have read this disclosure and agree that Wm. Todd Hamer DMD, PC, its employees and/or agents may contact me/us as described above.

\_\_\_\_\_  
**Responsible Party Signature**

\_\_\_\_\_  
**Date**

**AUTHORIZATION TO RELEASE RECORDS**

I hereby authorize W. Todd Hamer, DMD, PC to release to my insurance(s) full information, including copies of records and operative notes relative to my physical care/condition/treatment.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_