

10-DLC compliance form

Hereford Dental Health reserves the right to send text communications regarding practice updates, communication, reminders, marking promotions and feedback requests. I understand that by providing a cell phone number, I agree to receive texts from Hereford Dental Health. At any point, you can opt-out. Message and data rates may apply. Thank you for being a valued patient of Hereford Dental Health.

Print Name:

Signature

Clear

