

## EMAIL CONSENT

Dear Valued Patient,

Foothills Dermatology and Facial Plastic Surgery is pleased to announce to you that we are offering a newsletter and specials via email. These publications include exciting new information as well as promotional specials. If you would like to receive these newsletters please indicate your e-mail address on the line below. Providing your e-mail address allows permission to email you the newsletter regarding Foothills Dermatology and Facial Plastic Surgery. Your signature gives our office permission to send you information via email.

Patient's name: \_\_\_\_\_

Patient's e-mail address: \_\_\_\_\_

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_