



100 W. Southlake Blvd.  
Suite-146  
Southlake, TX 76051  
(817)251-9333  
www.davincidentistry.com

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### CONSENT TO LEAVE MESSAGE

I give my consent to DaVinci Dentistry PA doctors and staff to leave a message regarding scheduling, treatment, surgery, medicine information, or other information as necessary (check all that apply)

\_\_\_\_\_ on an answering machine or voicemail  
\_\_\_\_\_ at home or cell phone  
with (Name of person)\_\_\_\_\_ relationship \_\_\_\_\_

\_\_\_\_\_ I do not consent to messages being left at home, work or with any other person. I wish to be contacted directly.

Patient's Name (Please Print) Date of Birth \_\_\_\_\_

Patient's Signature Date \_\_\_\_\_

Witness Date \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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