

Richard B. Lipshultz D.M.D.
Michelle L. Lipshultz D.M.D.
586 Knickerbocker Road
Cresskill, New Jersey 07626
(201)568-2823 Fax (201)568-0665

Patient Name: _____

Cell Phone Number: _____

Work Phone Number: _____

Home Phone Number: _____

Email Address: _____

Preferred Method (✓)

I give my permission to be contacted at the above phone numbers or email regarding my dental care: to include, but not limited to, scheduled and unscheduled dental appointments.

Patient Signature: _____ Date: _____

Guardian Signature: _____ Date: _____