

Patricia L. Bergdahl, DMD

Patient Preferred Contact

Thank you for choosing Dr. Bergdahl's office for your Dental Care.

We are continually striving to make contact with our patients easier. Therefore, we are asking how you would like us to contact you. Please fill out all of the information below and mark the appropriate box on your preferred way of contact.

- Home Phone: _____
- Work Phone: _____
- Cell Phone: _____
- Email: _____
- Text-Cell Phone: _____

We will make every effort to contact you as you have indicated. We reserve the right to also contact through your home and/or work number if necessary.

Print Patient Name: _____

Thank you

Dr. Bergdahl and Staff