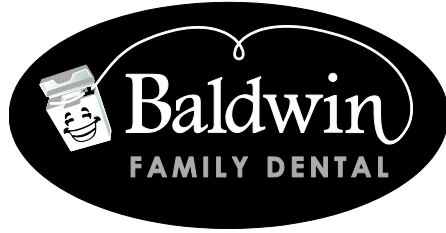


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Logan, UT 84341

*Where Patients Become Family*

My Mobile phone number is (    ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ (Please Initial). I authorize the use of my mobile phone number (listed above) to receive scheduling and billing messages. I agree to update this office if my mobile number changes.

My email address is \_\_\_\_\_

\_\_\_\_\_ (Please Initial). I authorize the use of my email address (listed above) to receive scheduling and billing messages. I agree to update this office if my mobile number changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_