

Dedicated to your Family's Oral Health!



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May we phone, email or send a text to you to confirm appointments, send billing, discuss dental related topics?

YES NO

Please let us know ASAP if your numbers change!

Cell Phone \_\_\_\_\_

Home/Office \_\_\_\_\_

Email \_\_\_\_\_

May we leave a message on your answering machine at home or on your cell phone?

YES NO

May we discuss your dental conditions, appointments, and/or billing with any member of your family? YES NO

If YES, please name the family members allowed:

Name	Phone	Relationship

This consent was signed by: \_\_\_\_\_  
(PRINT NAME PLEASE)

Signature:

\_\_\_\_\_