

# DENTISTRY

Dr. Maureen Fenn BSc, DDS

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## EXPRESS CONSENT

To comply with Canada Anti Spam Legislation (CASL July 2, 2014)

By signing this consent you are allowing our Dental Office to electronically communicate with you and your family for the purpose of reminding you of scheduled appointments and follow up care.

You can withdraw your consent by contacting our office by e-mail, regular mail or by calling our office.

Sign \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

Your email address \_\_\_\_\_

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