

Permission to Contact Form

ADE, Inc.
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I _____ give ADE, Inc. and Dr. Martha Ireland express consent to contact me and or leave a message concerning appointments, administrative items, or emergency issues via the following methods (please check all methods you approve and provide the number or address):

- Cell Phone: _____
- Home Phone: _____
- Email: _____
- Text Message: _____
- Postal Mail: _____

Print Client Name

Date

Signature of Client or Guardian