

# Call Recording Acknowledgement Form

*This form should be signed by all employees.*

I hereby acknowledge that CallSource (the call tracking, monitoring and recording provider) and Internet Dental Alliance, Inc, may record and review inbound calls for quality and training purposes. Only those calls to specially-assigned ad-tracking telephone numbers may be recorded. Calls from current or prospective clients may be recorded. I understand that my employer and those given access by my employer, including my supervisor and me, may review recorded calls.

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Practice Name

\_\_\_\_\_  
Senior Doctor's Name

\_\_\_\_\_  
Practice Address

\_\_\_\_\_  
Phone Number

**Employees**

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Employee Name

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Signature

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