



In compliance with our strict confidentiality guidelines we are asking that you list anyone that we may release dental information to. If this information changes at any time, you must fill out a new form either from our website or one of our receptionists in the office and update your records.

Permission to release results to:

Name	Relationship
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Name	Relationship
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Name	Relationship
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Please release results to patient only

May we leave a message on your answering machine?

Yes

No

Signature

Date