

**Richard M. Parker, D.D.S.**

**RELEASE OF DENTAL INFORMATION for a MINOR**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Release of Information**

I authorize the release of information including the diagnosis, records; examination, pre-op and post op instructions rendered to my child(ren) and claims information. This information may be released to:

Spouse (Parent) \_\_\_\_\_

Other (Grandparent – other Guardian, etc. \_\_\_\_\_

I do not authorize any release of information to the following people:

Spouse (Parent) \_\_\_\_\_

Other (Grandparent – other Guardian, etc. \_\_\_\_\_

This **Release of Information** will remain in effect until terminated by the guardian in writing.

**Messages**

The best time to reach me personally is (day) \_\_\_\_\_ between (time) \_\_\_\_\_

Please call

my home phone                       my work number                       my cell number  
\_\_\_\_\_  
\_\_\_\_\_

If unable to reach me:

you may leave a detailed message     please leave me a message asking for a return call    OR

you may e-mail me at \_\_\_\_\_ OR Text Me at: \_\_\_\_\_

Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_