



**Dadiala Family Dentistry**

COMPREHENSIVE COSMETIC AND FAMILY DENTISTRY

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**Patient Permission to Disclose Information**

Today's Date \_\_\_\_\_

Patient's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

***I hereby authorize Dadiala Family Dentistry to discuss my Dental/Medical issues with: (circle all that apply)***

**SPOUSE PARENT CHILD SIBLING OTHER:**

\_\_\_\_\_

**Please Print Names:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name: