

Schara Dentistry
Oakdale 651-288-3845
Authorization Form--Sharing Information

SHARING INFORMATION WITH FAMILY/FRIENDS

I give permission to Schara Dentistry to verbally discuss my dental/medical information (including appointment schedules, symptoms, diagnosis, medications, treatment options, etc.) or payment information with the following individuals involved in my care.

*This does not allow these individuals to obtain dental records.

Name _____ Relationship _____

Name _____ Relationship _____

Patient Name _____

Patient Signature _____ Date _____