

**Douglass Family Dental**  
**101 Wall Street**  
**Fayetteville, NC 28301**  
**910-323-8254**

**Authorization and Release:**

I authorize Douglass Family Dentistry to release any/all information including diagnosis and the records of any treatment or examination rendered to me or my child during the period of such dental care to third party payers and/or other health practitioners.

Upon request of Douglass Family Dental to file my insurance, I authorize and request my insurance company to pay directly to the dentist (or dental group) insurance benefits otherwise directly payable to me.

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**Signature of patient/Responsible Adult**

**Date**

**Privacy Policy Information:**

Please initial to acknowledge you have received the office privacy policy notice: \_\_\_\_\_

Place a check in the column next to the appropriate choice:

**Yes**

**No**

Would you like us to leave phone messages regarding  
your dental care?

\_\_\_\_\_

\_\_\_\_\_

May we speak to family members regarding your care?

\_\_\_\_\_

\_\_\_\_\_

Please list: \_\_\_\_\_

How may we correspond with you about your appointments?

Email: \_\_\_\_\_

Text: \_\_\_\_\_ Phone call: \_\_\_\_\_

**Emergency contact information** (in case of emergency please contact):

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

Phone: \_\_\_\_\_