

Sergeant Bluff Dental, PLLC
Alternative Communication & Release of Protected Health Information

I authorize Sergeant Bluff Dental, to release information that will contain private health information including: dental appointment information & scheduling, prescriptions, financial information and treatment options. Please list anyone who you want to be able to obtain information about you and your dental health.

Name of Person

Relationship to Patient

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Patient Name (Print) _____

Signature _____

Date _____

Relationship to Patient _____