

Kids Dentist of Lawrence Kelli Henderson, DDS, Elizabeth Powers, DDS 1425 Wakarusa Drive, Suite D Lawrence, KS 66049 785.856-3275 phone785.746-2124 fax

AUTHORIZATION TO DISCUSS/RELEASE PATIENT DENTAL INFORMATION

Print Child/Patient's Legal Name	
Child/Patient's Date of Birth (mm/dd/yyyy)	
I expressly give permission to the doctors and staff of Kids Dentist of Lawrence, LLC to discuss information regarding my child's dental health care with the individual(s) listed below:	
Name of Person & Relationship	Phone Number (if known)
Name of Person & Relationship	Phone Number (if known)
Please indicate by checking below the type of information above indicated individuals (CHECK ALL THAT APPLY): O Pick up dental records which include x-rays O Discuss dental treatment O Authorize dental treatment O Discuss Financials and Patient(s) Account O Schedule Appointments O Discuss billing and general questions concerning dental O ALL OF THE ABOVE	
This Authorization will remain in effect (CHECK ONE OF T O Until the following date(s):O Indefinitely until I revoke such consent by written notices	<u> </u>
Parent/Guardian Name:	
Parent/Guardian Phone #	