

# Beavers Family Dentistry

## Authorization to Release Information

I, \_\_\_\_\_ (responsible party) give Beavers Family Dentistry  
authorization to discuss any information regarding the dental visit or account  
for \_\_\_\_\_ with the following people:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

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