

Parsons Dental Care

W O M M A C K | E B E R S O L E

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Consent for Use and Disclosure of Health Information

I, _____, consent that the
Patient or Guardian

persons listed below may have access to the health information related to
dental care and account information for _____.

Patient's date of birth is _____.

Person	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient or Guardian Signature

Date

Responsible parties are to be present at all appointments to participate in
decision-making.