

Date \_\_\_\_\_

\_\_\_\_\_ I **DO NOT** give Dr. Dennis R. Lucas, D.M.D. permission to discuss my dental information/treatment

\_\_\_\_\_ I **DO** give Dennis R. Lucas, D.M.D. permission to discuss my dental information/treatment with the following:

_____	_____
Name	Relationship

\_\_\_\_\_ I **DO NOT** give Dennis R. Lucas, D.M.D. permission to leave detailed messages on my answering machine/voicemail regarding dental appointments, treatments and pre-medication.

\_\_\_\_\_ I **DO** give Dennis R. Lucas, D.M.D. permission to leave detailed messages on my answering machine/voicemail regarding dental appointments, treatments and pre-medication. The following number should be called:

\_\_\_\_\_

Phone Number

\*If at any time you wish to change the above information, it is your responsibility to notify us and we will have you complete a new form.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature