



## Authorization to Discuss Dental Treatment and Account History

I \_\_\_\_\_ authorize that the following people have my permission to discuss my dental treatment and account history with Horizon One Dental.

_____	_____	_____
Name	Relationship to Patient	Phone

_____	_____	_____
Name	Relationship to Patient	Phone

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**