



*Gentle Care  
Family Dentistry*  
General and Cosmetic Dentistry

340 Fourth Avenue, Suite 16  
Chula Vista, CA  
(619) 420-1144

### Authorization to Disclose Dental Information

By signing this consent, I agree to release the following dental information:

- History and Dental information
- Progress reports
- X-rays
- Treatment Plans and Financial Arrangements

Name of Person consenting to release dental information: \_\_\_\_\_

Name of Person who is to receive this information: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

This authorization expires: \_\_\_\_\_

Insert Date

By signing this consent, you give Dr. Elvie Nathanson permission to release your dental information to the above named person. Please be aware, that your Dental information is no longer protected by the Federal Privacy regulations:

\_\_\_\_\_  
Patient' signature Date: \_\_\_\_\_

\_\_\_\_\_  
Witness signature Date: \_\_\_\_\_