Westford Family Dental

3631 Hoyt Ave, Everett, WA 98201 425.259.5188

CONSENT TO DISCUSS DENTAL CARE

Patient Name: (please print)_____

I authorize **Westford Family Dental** to discuss my dental information with the following individuals listed below. (Please print all names below)

Name_____Relationship_____

Name_____Relationship_____

Name_____Relationship_____

Name_____Relationship_____

I give my permission for **Westford Family Dental** to leave detailed dental information at my telephone number(s):
( )_____ ( )_____

___ **OR, I DO NOT WISH TO HAVE DETAILED INFORMATION LEFT ON ANY OF MY PHONE NUMBERS.**

_____

SIGNATURE OF PATIENT, PARENT OR LEGAL GUARDIAN **DATE SIGNED**

_____

PRINTED NAME OF SIGNATURE ABOVE IF DIFFERENT THAN PATIENT NAME

CONSENT TO COMMUNICATE BY UNENCRYPTED EMAIL

We now are complying with mandates from the government to make sure patients receive a summary copy of their visit if they did not receive it at the time of service. To accomplish this, we need your authorization to email.

WE WILL NEVER RELEASE EMAIL ADDRESSES TO AN OUTSIDE ENTITY UNDER ANY CIRCUMSTANCES

I, _____give my authorization to **Westford Family Dental** to send this information
(Please print your name)
by unencrypted email. Email address:_____

_____

(Signature of Patient, Parent or Legal Guardian) (Date signed)

CONSENT FOR TREATMENT OF A MINOR

Date:_____

I, _____the parent or legal guardian of, _____
(Please print your name) (Patient's name, please print)

_____authorize and consent to routine and emergency dental treatment for my child when
(Date of Birth)
deemed necessary by qualified dental personnel. This authorization is given in advance of any specific treatment being required and I waive my right of prior informed consent to such treatment. This authorization shall remain effective unless revoked in writing by me.

_____

(Signature of Patient, Parent or Legal Guardian) (Date signed)

NOTE: For your child's safety, Westford Family Dental requires all children under the age of 16 to be accompanied by an adult (18 years or older) for the duration of their visit.

4/2014