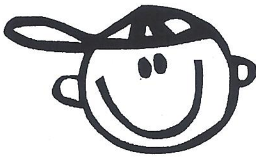

BRIT E. BOWERS, DDS
LAUREL BATEMAN, DDS
Specialists in Pediatric Dentistry
801 Sunset Drive, Bldg. D, Suite 1 • Johnson City, TN 37604 • 423-610-0556

DESIGNATED PARTY

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Some patients prefer that **other individuals, such as grandparents, aunt or babysitter,** be allowed access to their medical information. In order to comply with strict legal standards, a written release is required to allow another person to access your medical records.

This release grants permission to individual(s) listed below to: Make or confirm appointments, have access to account and billing information, access to xray and lab findings, pick up sample medications, and be made aware of your diagnosis, prognosis, and treatment plans. This permission applies to telephone and answering machine messages, as well as other means of communications.

PATIENT NAME (Please print):______________________________

PATIENT SIGNATURE:______________________DATE__________
(or legal guardian)

1. DESIGNATED PARTY (Please print):______________________

   ADDRESS:______________________________

   TELEPHONE # : ______________________________

   RELATIONSHIP TO PATIENT:______________________

2. DESIGNATED PARTY (Please print):______________________

   ADDRESS:______________________________

   TELEPHONE # : ______________________________

   RELATIONSHIP TO PATIENT :______________________