

# Stafford Dental Care

Dr. Marvin L. Marshall, Jr.

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Fredericksburg, VA 22406

Phone 540-373-2273

Fax 540-373-9233

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## Consent for Dental Information Release

**Purpose of Consent:** By signing this Consent form, you consent to disclosure of your protected health information in order to continue treatment by means of discussing dental options and/or financial arrangements.

**Right to Revoke:** You have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to Stafford Dental Care. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we receive your revocation.

\_\_\_\_\_ I have received a copy of Stafford Dental Care's Notice of Privacy Practices.

List dependants (under the age of 18) you are including in this signature.

\_\_\_\_\_  
First/Last Name      DOB

\_\_\_\_\_  
First/Last Name      DOB

\_\_\_\_\_  
First/Last Name      DOB

\_\_\_\_\_  
First/Last Name      DOB

**Please document below who we may speak to concerning your personal dental, medical, and/or financial information:**

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Date