

# Mount Auburn Dental

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## RELEASE OF DENTAL INFORMATION for a MINOR

If you are filling this form out for your minor child and you have additional minor children you may include all names on this one form. The information will be included in each child's record.

Patient(s) Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

### Release of Information

I authorize the release of information including the diagnosis, records; examination rendered to my child(ren) and claims information. This information may be released to:

Spouse (Parent) \_\_\_\_\_  
 Other (Grandparent – other Guardian, etc. \_\_\_\_\_

I do NOT authorize any release of information to the following people:

\_\_\_\_\_  
\_\_\_\_\_

This **Release of Information** will remain in effect until terminated by the guardian in writing.

### **Messages**

Please call  home phone \_\_\_\_\_  my cell number \_\_\_\_\_  
\_\_\_\_\_

If unable to reach:

you may leave a detailed message  please leave a message asking for a return call

The best time to call is (day) \_\_\_\_\_ between (time) \_\_\_\_\_

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

Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_