



Mount Auburn Dental

Tyler J. Gagnon, DMD

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 ____/____/_____

_____ 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.

Guardian Signature: _____ Date: ____/____/_____