



Schmerler & Malavich Family Dental, LLC

CONSENT FOR RELEASE OF INFORMATION TO DESIGNATED INDIVIDUALS

\*\*\*Please fill out this form only if you would like to permit additional individuals other than yourself to obtain information regarding your treatment in our office.

I, \_\_\_\_\_, give consent to the office of Dr. Andrea Schmerler and Dr. Malavich to release information regarding details of my treatment including planned and recommended procedures, health information, finances, and scheduling details to the individuals listed below.

Name:

Relationship:

---

---

---

---

---

---

---

---

Signature: \_\_\_\_\_

Date: \_\_\_\_\_