



*Beautiful Smiles, Exceptional Dentistry*

### Authorization to Discuss Dental Treatment and Account History

I \_\_\_\_\_ authorize that the following people have my permission to discuss my dental treatment and account history with Horizon One Dental.

_____	_____	_____
Name	Relationship to Patient	Phone
_____	_____	_____
Name	Relationship to Patient	Phone

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**Patient Signature**

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**Date**