

RELEASE TO CONSULT

I, _____, as a patient of
Heartland Family Dentistry give my permission to allow the said Dental
Office to consult with the following people:

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Regarding my dental health, treatment and financial obligations.

Date: _____

Signature: _____