

# Michael E. Carter, D.D.S.

1874 N. Hunter's Ridge, Suite 1  
Fayetteville, AR 72701  
(479) 442-5092

## Privacy Authorization and Consent

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

By signing below, I authorize Dr. Michael E. Carter and/or his staff to discuss my dental records with the names I have listed below:

Authorized names:

Relationship to Patient

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The office of Dr. Michael E. Carter may leave a message at home or work regarding my dental appointments. \_\_\_\_\_yes \_\_\_\_\_no

This document will remain in effect until \_\_\_\_\_, 20\_\_\_\_ unless sooner terminated in writing.

Patient's Signature \_\_\_\_\_

Date \_\_\_\_\_