



# BIGGERS

## FAMILY DENTISTRY

13542 Waterford Place Midlothian, VA 23112

### PERMISSION TO DISCUSS PERSONAL HEALTH INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize Hood E. Biggers, D.D.S., P.C. and its agents to release my protected health/dental information to the following individuals:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_

Signature of Patient, Parent or Guardian

\_\_\_\_\_

Date