

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

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Marcantonio Dentistry to obtain dental records, x-rays, and health information concerning my child(ren)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

Child(ren’s) Name(s)

**From:**

(clinic/doctor name)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Signature) (Date)

**Please e-mail records and x-rays to:**

[**info@marcantoniodentistry.com**](mailto:info@marcantoniodentistry.com) **(preferred)**

**or by mail:**

**490 Hwy 85 N Suite C ,**

**Niceville, FL 32578**

**Tel: 850-835-5437 - Fax: 850-835-7089**