



Tavares Dental Excellence LLC
Dr. Chuck Reinertsen
215 E. Burleigh Blvd.
Tavares, FL 32778
352-253-6400
www.TavaresDentist.com

Permission to Release Information to Non-Dental Persons Emergency Contacts

Please list any family members (including spouse), friends or home health care personnel you authorize to receive information on your dental condition (e.g. appointments, proposed, pending, completed treatment) or billing and/or insurance information.

I, _____ give Tavares Dental Excellence (Dr. Chuck Reinertsen and staff) permission to release dental/billing information to the following people:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I, _____ wish the following person to be contacted in an emergency:

Name _____ Relationship _____ Phone _____

Patient Signature

Date