

Ballard Dental Associates
Robert W. Davis, D.D.S. & Christopher Alley, D.D.S.
408 Campus Dr., Suite A, Huxley, Iowa 50124
(515) 597-5300

AUTHORIZATION FOR VERBAL COMMUNICATIONS

Patient's Name:
Date of Birth:
Street Address:
City, State, Zip:

I permit Ballard Dental Associates personnel to discuss health and/or billing information, in person or by telephone, with the following family members or friends involved in my medical care. (List family members/friends and state the person's relations to the patient.)

Release of information under this document is limited to verbal discussions with Ballard Dental Associates. This document **does not** permit release of any written health information to the individuals named below.

The authorization is limited to discussions regards the following medical condition(s) or timeframe(s):

If no limitations are listed, discussions will be permitted regarding any medical condition for which the patient has received care.

Name:	Phone:	Relationship to Patient:
1. _____		
2. _____		
3. _____		

If, at any time, I do not want verbal discussions to be permitted between Ballard Dental Associates and any of the individuals named above, I must notify Ballard Dental Associates Business Office.

Patient's Signature: _____ Date: _____

If this release is signed by a representative on behalf of the patient, complete the following:

Representative's Name: _____ Date: _____

Relationship to Patient: _____