

NORTHWEST DENTAL GROUP

Dr. JONATHAN YANG, D.D.S
541-536-0264

TODAY'S DATE _____

I, _____, give my permission to Dr. Jonathan Yang and the associates in his employ, including hired team members to discuss my health and dental situation/treatments with the following person.

This would include friends/family that you authorize us to speak with on your behalf.

Name _____

Address _____

Contact numbers:

Work: _____ Home: _____ Cell: _____

Name _____

Address _____

Contact numbers:

Work: _____ Home: _____ Cell: _____

This authorization shall remain in effect from this day forward, and until I advise Dr. Jonathan Yang otherwise in writing.

On this day, _____, I (print) _____

Represent that I am over the age of 18 years, and in sound state of mind, and am competent to enter into this agreement. I am fully aware of and understand the contents of this agreement. All of my questions have been answered.

Patient signature: _____ Date: _____