

Highland Dental
1555 E 12th Street
Casper, Wyoming 82601
(307) 235-9198

Consent Form:

I consent to the dentist's use and disclosure of my records to carry out treatment, to obtain payment, and for those activities and health care operations that are related to treatment or payment.

I consent to the disclosure of my records to the following persons who are involved in my care or payment for that care,

Print Name:

My consent to disclosure of records shall be effective until I revoke it in writing.

Patient Signature

Date: