

**RELEASE OF PERSONAL DENTAL INFORMATION
TO RELATIVE OR OTHER PERSON**

It is our standard policy to release information regarding adult patients only to the patients themselves. Without written permission, we cannot give out dental information to other people including a wife or husband, or the parent of an adult child.

I hereby give permission for the office of Robert R. Watts, DDS to release personal dental information about me to the following persons:

Name: _____

Relationship: _____

Patient signature: _____