



J. Steven Tonelli, D.M.D., P.C.
Mark G. Webster, D.D.S., P.C.
Brian J. Crowley, D.M.D.
Andrew S. Tonelli, D.M.D.

PERMISSION TO DISCLOSE INFORMATION

**I HEREBY AUTHORIZE *DENTAL HEALTH CONCEPTS* TO
DISCUSS MY DENTAL/MEDICAL ISSUES WITH:
(CIRCLE ALL THAT APPLY)**

SPOUSE PARENT CHILD SIBLING OTHER: _____

Please Print Names:

Signature

Date

Print Name