KATHLEEN KLONOWSKI DDS
ASHLY BAILEY DDS
FAMILY DENTISTRY
4685 E McLeod Dr, Saginaw, MI 48604
(989) 799-5690 • www.midentalhealth.com

Confidentiality Authorization

I, _____, hereby authorize verbal and written release of information regarding my dental treatment to the following persons:

Spouse: _____

Additional Family Members: _____

Other: _____

Signature: _____ Date: _____

Witness: _____

I, _____, do not wish to have any verbal or written information regarding my dental treatment released.

Signature: _____ Date: _____

Witness: _____