



Brodie L. Bowman, DMD

Specialist in Orthodontics & Dentofacial Orthopedics
CHILDREN + TEENS + ADULTS

AUTHORIZATION TO RELEASE / DISCUSS INFORMATION

I, _____, being of legal age, give Dr. Brodie L. Bowman authorization to release and discuss health, dental, and financial information regarding _____ with the person / persons listed below:

Name: _____ Relationship to patient: _____

Home#: _____ Mobile#: _____ Work#: _____

Name: _____ Relationship to patient: _____

Home#: _____ Mobile#: _____ Work#: _____

Name: _____ Relationship to patient: _____

Home#: _____ Mobile#: _____ Work#: _____

Name: _____ Relationship to patient: _____

Home#: _____ Mobile#: _____ Work#: _____

This authorization will stay in effect unless I request that it be changed.

Print Name: _____

Signature _____ Date _____

