

Brogdon Dental PC, Consent to Call Form



If we need to call you, list the contact numbers below in priority order where we can

- 1 _____ Home / Work / Cell _____
(name/relationship if not the patient)
- 2 _____ Home / Work / Cell _____
(name/relationship if not the patient)
- 3 _____ Home / Work / Cell _____
(name/relationship if not the patient)

Sign below if we have permission to leave a message for you at these numbers:

Sign: _____ date: _____

Consent to leave a message with others, other than the patient:

I, _____, **authorize Brogdon Dental to speak with the following family members/ friends (Please include their phone number if not already provided in the section above)**

Name: _____ relationship: _____

Name: _____ relationship: _____

Name: _____ relationship: _____

Sign: _____ date: _____

I, _____, **DO NOT authorize Brogdon Dental to speak to anyone other than myself** regarding any appointments, lab/test results, and any other important dental information.
I understand it is my responsibility to update this form as needed .

Sign: _____ date: _____