
FORT WORTH PEDIATRIC DENTISTRY, L.P.

HEALTH INFORMATION ACCESS

The following names are of people, including myself, that I would like to be involved in or have access to my child's protected health information. I give permission for FORT WORTH PEDIATRIC DENTISTRY, L.P., to share my child's protected health information with:

Name	Relationship	Social Security/or Drivers License
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Name	Relationship	Social Security/or Drivers License
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Name	Relationship	Social Security/or Drivers License
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Name	Relationship	Social Security/or Drivers License
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Signature

Date

If you wish to add or terminate information access to or from the above list, you must submit your request in writing to: Fort Worth Pediatric Dentistry, L.P.- Attn: Sherry
6210 John Ryan Dr. Ste. 100
Fort Worth, TX 76132

You may also fax your request to 817/292-3842. Please sign and date your request.