FORT WORTH
pediatric
DENTISTRY

BRUCE H. WEINER, D.D.S. | JANELL I. PLOCHECK, D.D.S. | NATHAN G. WEST, D.M.D.

Diplomates of the American Board of Pediatric Dentistry

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, PLLC, to share my child's protected health information with:

Name: Relationship to Patient:

Name: Relationship to Patient:

Name: Relationship to Patient:

Name: Relationship to Patient:

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, PLLC
Att: 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.

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