Sonja L Maggard, DMD
Family, Cosmetic, & Implant Dentistry

121 Prosperous Place, Suite 12B
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(859) 263-1888

Medical/Dental Information Release

Please choose one of the following:

I DO give Dr. Sonja Maggard's office permission to discuss my medical/dental condition with the following persons:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

*Patient Signature:*_____ *Date:*____/____/_____

OR

I DO NOT give Dr. Sonja Maggard's office permission to discuss my medical/dental condition with anyone.

*Patient Signature:*_____ *Date:*____/____/_____

HIPPA Acknowledgement

I,_____, hereby acknowledge that I have received a copy of this practice's Notice of Privacy Practices. I have been given the opportunity to ask any questions I may have regarding this notice. I understand that this practice has an obligation to keep my records confidential, unless otherwise given permission by me to release information.

*Patient Signature:*_____ *Date:*____/____/_____