



# Dental Specialties of Saint Louis University Orthodontic Clinic

## PERMISSION FOR VERBAL/WRITTEN COMMUNICATIONS

\_\_\_\_\_  
(Print name of patient or place patient label here)      (Birth date)      (Patient ID#)

\_\_\_\_\_  
(Street address)      (City, state, zip code)

\_\_\_\_\_  
(Home phone number)      (Cell phone number)      (Email address)

I permit Dental Specialties of Saint Louis University-Orthodontic Clinic, their faculty, residents, dental assistants, and other personnel (“Orthodontic Care Providers”) to discuss health and related financial information, in person or by telephone, with the following family members or friends involved in my dental care (**list family members/friends – OTHER THAN YOURSELF** – and state the person’s relationship to the patient):

This authorization is limited to communications regarding orthodontic treatment and related condition(s).

1. \_\_\_\_\_  
Name      Address (if different from patient)

\_\_\_\_\_  
Relationship      Cell Phone      Home Phone

2. \_\_\_\_\_  
Name      Address (if different from patient)

\_\_\_\_\_  
Relationship      Cell Phone      Home Phone

Release of information under this document is not limited to verbal discussions with my Orthodontic Care Providers. This document permits the release of any verbal and/or written health information and/or related financial information to the individuals named above. This form will remain in effect until such time that is altered or rescinded by the patient (if age 18 or older) or legal guardian.

If, at any time, I do not want verbal/written communications to be permitted between my Orthodontic Care Providers and any of the individuals named above, I must notify my Orthodontic Care Provider by contacting the Business office at Dental Specialties of Saint Louis University-Orthodontic Clinic.

Patient Signature If Over Age 18: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Signature  
if Patient Under Age 18: \_\_\_\_\_

Print Legal Guardian’s Name  
and State Relationship to Patient: \_\_\_\_\_

INSTRUCTIONS: Please print, sign and send to:      Dental Specialties of Saint Louis University-Orthodontic Clinic  
ATTN: Orthodontic Business Office  
3320 Rutger Street  
St. Louis, MO 63104-1122  
Phone: (314) 977-8363      Fax: (314) 977-7782