



# **PROGRESSIVE DENTAL, pllc**



*"Dentistry for All Ages"*

Dr. Sonny Spera   Dr. Jennifer Redmore   Dr. Brian Blanchard  
Dr. Matthew L. Franklin   Dr. Oreida Quinones   Dr. Steve Sheffield

## **VOLUNTARY**

### **Authorization to Share Information**

I authorize the following individual(s):

\_\_\_\_\_ (Name/Names)

\_\_\_\_\_ (Relationship to Patient)

To:

\_\_\_\_\_ receive appointment scheduling/reminders

\_\_\_\_\_ discuss financial issues on my behalf

\_\_\_\_\_ pickup copies of my records

\_\_\_\_\_ prescription pickup

\_\_\_\_\_ pickup x-ray copies

\_\_\_\_\_ to bring \_\_\_\_\_ to the dentist for treatment, including x-rays or fluoride, as needed

\_\_\_\_\_ discuss treatment options/plan

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (printed)

\_\_\_\_\_  
Parent/Patient Signature

**I understand that I have the right to revoke this authorization at any time**

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**[NEW WEBSITE: www.progressivedentalny.com](http://www.progressivedentalny.com)**