Alachua Family Dentistry
14690 NW 151st Blvd, Suite 20
Alachua, FL 32615
(386) 462-1771 Office
(386) 462-1222 Fax

Privacy Consent Form

I, _____, give permission to Alachua Family Dentistry, PA to
(patient's name)

share/disclose my personal information for treatment, payment or healthcare operations as follows:

_____ No one other than my self

_____ (name) _____ Relationship

_____ (name) _____ Relationship

Pt's Name (Printed & Signed) Date

Witness Printed/Signed Date