Laurie A. Rosato, DMD
6 Loudon Road, Suite 2
Concord, New Hampshire 03301
603-228-9276

I, ____,

with a date of birth of ____,

hereby authorize the office of Laurie A. Rosato, DMD to release any information about my dental insurance, treatment recommended or completed, and any other information I have provided the office, to the following person(s) as needed:

____

____

____

Patient Signature   Date

____

Witness (Office Staff)   Date