

Doug & Cathy Smith DDS, PC
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Drs. Doug and Cathy Smith or their representatives have my permission to discuss my appointment information, health information, or financial issues with the following persons:

1. _____

2. _____

3. _____

4. _____

_____ It is okay to leave messages at my home.
initials

_____ It is okay to email me at _____
initials

Patient Name _____

Signature of Patient or Parent if Minor

Date