



**Lenoir Family Dentistry**  
**504 Mulberry St. SW**  
**Lenoir, NC 28645**  
(828) 754-7251  
(828) 754-7253 – fax

I authorize \_\_\_\_\_ to schedule, reschedule and /  
cancel my appointments and to be given information regarding my account and  
my treatment. I understand that due to HIPPA regulations this against the policy  
of Lenoir Family Dentistry. I also understand that by signing this release, I am  
allowing Lenoir Family Dentistry to give any requested information to this person  
without asking me on each occasion.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_