

**Consent to Share Insurance Information**

I give permission to Dr. Henry Delclos D.D.S. P.C. to share my insurance information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

with \_\_\_\_\_, \_\_\_\_\_  
*(Name)* *(Relationship)*

for the sole purpose of Dental Treatment for my child/children

\_\_\_\_\_. This consent will remain in effect until  
*(Name)*

modified or revoked by me, the above-named custodial parent/guardian. If there are any

questions, please contact me at \_\_\_\_\_ or \_\_\_\_\_  
*(Phone)* *(Email)*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\*\*\*\*\*

I, \_\_\_\_\_, have agreed to \_\_\_ modify or \_\_\_  
revoke the above Consent to Share Insurance Information clause.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*