



GRAND AVENUE DENTAL CARE

Dr. Ryan Ross D.D.S
2911 Grand Ave.
Billings, MT 59102
(406) 245-4922 – (801) 628-3615

Today's Date: _____

I, _____, give my permission to Dr. Ryan Ross, D.D.S and the associates that they employ, including hired team members to discuss my health and dental situation/treatments with the following persons:

Name _____

Address _____

Contact Numbers:

(work) _____ (home) _____ (cell) _____

This authorization shall be in effect from this day forward, and until I advise Dr. Ryan Ross, D.D.S otherwise in writing.

On this day, _____, I, (print) _____, represent that I am over the age of 18 years, am in sound state and mind, and am competent to enter into this agreement. I am fully aware of and understand the contents of this agreement. All my questions have been answered.

Patient's Signature: _____ Date: _____