WYOMISSING
DENTISTRY
DR.SKAF & DR.BLACKBURN

HIPAA Authorized Representatives

This form is to document the designation of one or more authorized representative(s) for a patient. This form authorizes the release of medical and/or dental information to the named representative(s).

Patient Name (Print) : **DATE OF BIRTH:**

Authorized Representative 1

First Name:

Last Name:

Phone:

Relationship to patient:

I would like to denote additional authorized representatives: YES NO

First Name:

Last Name:

Phone:

Relationship to patient:

Patient Signature:

Date :

Dr. Rebecca Skaf, DDS | Dr. Joseph Blackburn, DMD
1500 Penn Ave, Unit 2 | Wyomissing, PA - 19610
T. (610)-375-3366 | F (610)-375-6791 | www.wyomissingdentistry.com