

# Stewart Dental

## Consent to Release Information

I, \_\_\_\_\_ give Stewart Dental permission to send correspondence via text and email.

My email address is \_\_\_\_\_

My cell phone # is \_\_\_\_\_

I authorize Stewart Dental to release my information to the following people:

\_\_\_\_\_  
Name Relation

\_\_\_\_\_  
Name Relation

\_\_\_\_\_  
Name Relation

\_\_\_\_\_  
Name Relation

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