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MEDICAL/FINANCIAL INFORMATION RELEASE FORM

I, _____ (Name), hereby give Kohlmeier Dental LLC permission to discuss services provided, treatment plans, insurance and financial billing with those listed below:

I, _____ (legal guardian), of _____
_____ (dependents name), hereby give Kohlmeier Dental LLC permission to discuss service provided, treatment plans, insurance and financial billing with those listed below:

Name

Relationship

1 _____

2 _____

3 _____

Signature _____ Date _____