Julie B. Skoby, DMD
3721 NW 40th Terrace, Suite A
Gainesville, FL 32606
Phone: (352) 377-5757
Fax: (352) 335-3200

I, _____ give authorization for you to discuss my information with the following person(s) listed below.

Name:_____ Relationship to Patient:_____

Name:_____ Relationship to Patient:_____

Name:_____ Relationship to Patient:_____

Name:_____ Relationship to Patient:_____

Name:_____ Relationship to Patient:_____

Name:_____ Relationship to Patient:_____

---------- **OR** ----------

I, _____ do not authorize anyone else to access my information.

Patient/Parent/Guardian's Signature:_____ Date:_____