

**Paul L. Saunders D.D.S.**  
**3422 Pump Road**  
**Henrico, VA 23233**  
**www.paulsaundersdds.com**

Date \_\_\_\_\_

With whom may we have permission to discuss your medical information?

(Mother, Father, Husband, Wife, Caregiver, etc.)

1. Name \_\_\_\_\_ Phone No. \_\_\_\_\_
2. Name \_\_\_\_\_ Phone No. \_\_\_\_\_
3. Name \_\_\_\_\_ Phone No. \_\_\_\_\_
4. Name \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Email Address \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

Best way to contact you? \_\_\_\_\_

Do you have any questions or concerns about your visit today? \_\_\_\_\_

\_\_\_\_\_

**\*\* The best compliment you could give us is to refer your family and friends to us. \*\***