

AUTHORIZED PERSONS LIST

Dr. Henry A. Knowles, Jr. ~ 4318 Kelson Avenue ~ Marianna, FL 32446
~ (850) 526-3939~

I, _____, give authorization for my dental/medical information to be discussed with the persons listed below. This includes all test results, medications, diagnosis information, treatment plan, etc. I understand this consent may be revoked at any time by writing to this office.

Authorized Persons:

Patient Signature: _____ Date:

Witness: _____