Dr. Steven G. Kolokithas
300 S. 20th St., Rogers, AR 72758
(479)636-0777
www.symphonydentalcare.com

Please Initial each statement of consent. Fill in information where appropriate, then sign and date below.

1. (____) I authorize the office of Dr. Kolokithas to use my information for those specified in the Notice of Privacy Practices under Uses of Disclosures of Health Information.
2. (____) I authorize the office of Dr. Kolokithas to contact me about appointments, treatment, accounting/bill pay, insurance, referrals, etc., using:
Email:_____
Cell Phone: _____Other Ph:_____
Social Media (Please circle each to affirm consent): Google and/or Facebook for Promotions, Your input/testimonials, or as an Alternative Contact should your other information be inactive or changed.
3. (____) I authorize the office of Dr. Kolokithas to send me text messages and, or email to remind me of appointments.
4. (____) I authorize the office of Dr. Kolokithas to provide dental services and care for me.

Signature:_____
Print Name:_____

Date:_____

Authorized Representative of Patient Signature:_____
Authorized Representative Print Name:_____
Relationship to patient:_____
Date of Signature:_____

***I authorize the office of Dr. Kolokithas to share my information with (Enter Name):
_____Phone:_____
Relationship to patient: ___Spouse/Partner ___Aide ___Other_____

You have the right not to sign and understand that we may be unable to treat you in the future should we need to use your information to facilitate care.
Patient/Authorized Signature Declines to sign:
_____ Date: _____