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.**
2. **(____) I authorize the office of Dr. Kolokithas to contact me about appointments, financial payments, insurance, referrals, etc., using: (Please circle all that you give approval to use.)**
   Email:_____
   Cell Phone: _____
   Social Media: (please specify which one)_____
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:_____

Print Name if Authorized Signature/Personal Representative:

_____

Relationship to patient:_____
Date of Signature:_____

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

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 outside of this office.

Patient or Authorized Signature Declines to sign:

_____

Date: _____