



**PERMISSION TO SHARE INFORMATION**

I \_\_\_\_\_, GIVE PERMISSION TO  
SHARE ANY INFORMATION IN DR. GODSEY'S POSSESSION  
CONCERNING ME INCLUDING DENTAL AND FINANCIAL  
INFORMATION WITH THE FOLLOWING PERSON/PERSONS:

1. NAME \_\_\_\_\_  
RELATIONSHIP TO PATIENT \_\_\_\_\_  
CONTACT NUMBER \_\_\_\_\_

2. NAME \_\_\_\_\_  
RELATIONSHIP TO PATIENT \_\_\_\_\_  
CONTACT NUMBER \_\_\_\_\_

3. YOU MAY LEAVE MESSAGES FOR ME AT THE  
FOLLOWING NUMBERS:

HOME: \_\_\_\_\_  
OFFICE: \_\_\_\_\_  
CELL: \_\_\_\_\_

\_\_\_\_\_  
PATIENT'S SIGNATURE

\_\_\_\_\_  
DATE