

Phone Consent

With my consent Younkin & Younkin Endodontics may:

- | | | |
|--|--------|-------|
| Call my home? | ___Yes | ___No |
| Leave a message on an answering machine at home? | ___Yes | ___No |
| Call my work or cell? | ___Yes | ___No |
| Leave a message on voicemail at work or cell? | ___Yes | ___No |

With my consent, Younkin & Younkin Endodontics may give appointment, insurance and account information to family members listed below:

- | Name: | Relationship: |
|----------|---------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Signature: _____ Date: _____