

Norman J Pomerance D.D.S.
1308 Crescent St. Suite C
Denton, TX 76201
940-382-3530
940-382-8295 Fax
www.njpomerancedds.com

Date: _____

I _____ hereby give permission to Dr. Pomerance and staff to discuss my Dental treatment and account with the following persons:

Person allowed

Relationship

Person allowed

Relationship

Person allowed

Relationship

Print Name

Date

Signature